



FACULTY OF EDUCATION, HEALTH, AND WELLBEING
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PhD Thesis:

**An Exploratory, Descriptive Mixed Method
Study of Active Service Users and Carers
Involvement in Adult Nursing and Social
Work Students' Pre-registration Education**

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An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education

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ABSTRACT

There has been a surge in the involvement of service users and carers in health and social care education, research, and practice in the last three decades within the United Kingdom. However, there are few studies that have evaluated the impact of Involvement in health and social care students' education. This study explored the impact of active involvement in Adult Nursing and Social Work pre-registration education. It provided a tripartite perspective from the perceptions of the three main stakeholders involved: students, academic staff and service users/carers in a specific Higher Education setting in the United Kingdom.

A concurrent embedded mixed-methods approach was employed in this study. The study sample was drawn from the three participating stakeholder groups. A total of 38 participants took part in this study. Qualitative information was gathered using semi-structured interviews and focus groups, which explored participants' perspectives of the impact of active involvement in Adult Nursing and Social Work pre-registration degrees. Questionnaires was the data collection tool for the quantitative information required in this study. Questionnaire was helpful in obtaining contextual information about the participants and service users and carers' involvement at the research site. It was used to gather factual information about the participants and the current nature of the involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection and characteristics that may influence or affect the impact of involvement

Qualitative data was analysed thematically from the semi-structured interviews and focus groups. Additionally, descriptive and cross-tab analysis of quantitative data was carried out. Then, a side-by-side comparison was used to identify aspects of the qualitative and quantitative findings that were convergent and conflicting.

Findings of this study indicated that the scope and integration of service users and carers in educational activities varied greatly within and between subjects even within the same university. Social Work degree reported a wider scope and greater inclusion than the Adult nursing degree. Two main factors account for this notable differences between the two degrees. These are: the duration of involvement being a regulatory requirement by the Professional Regulatory and Statutory Bodies as well as the duration of conducting involvement.

Furthermore, this study revealed that involvement influences all three main stakeholders in Higher Education. Some beneficial outcomes of involvement were similar in the academic staff and students' participant groups. Academic staff and service users/carers raised similar concerns. Overall, the participants indicated that service users and carers' involvement is generally positive and makes an important and unique contribution to the education of nurses and Social Workers supporting the delivery of patient/client-centred care.

This study contributed to new knowledge about involvement in Adult Nursing and Social Work pre-registration degrees by generating a holistic view of its impact. This was achieved by exploring these impacts from a tripartite perspective of the three main stakeholders in Higher Education. This study also developed a modified six rung model that helps to involvement is active and meaningful.

A partnership framework was proposed to inform future involvement practices and research about ways of optimising the beneficial outcomes and limiting the inhibitory factors of service users and carers' involvement in students' education. Overall, this study provided insights into best practices and pitfalls to avoid, which may be of value to HE providers, education commissioners as well as Professional Statutory and Regulatory Bodies regarding the practices of service users and carers' involvement in Higher Education.

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GLOSSARY OF TERMS AS THEY ARE APPLIED IN THIS THESIS

These terms are defined based on personal interpretation of literature and the research site description and interpretation of the terms.

- ❖ **Active involvement:** This refers to participation to a certain extent from service users and carers in one or more educational activities. It is also referred to as active engagement or participation.
- ❖ **Service users and carers:** Service users are individuals who have a long-term health and social care problems and engage in educational activities. Carers are individuals responsible for the daily care and wellbeing of service users and engage in educational activities. In this study the term “service users” will be used interchangeably to indicate both service users and carers.
- ❖ **Students:** These are individuals studying within the university to become professionals.
- ❖ **Academic staff:** These are individuals currently working in the university and involved in training students to be professionals.
- ❖ **Educational activities:** This refers to the wide range of activities service users and carers engage in within university environment. This includes: planning educational initiatives, recruitment of learners, designing educational initiatives, implementing educational activities, teaching, practice learning, evaluation of learners’ performance, research, as well as Governance and quality assurance management.
- ❖ **Service users and carers’ activities:** This refers to the various educational activities service users and carers are currently engaged in within the health and social care department of the university. These are:

- ✓ **Delivering lectures to students:** Service users and carers act as lecturers and together with an academic staff, jointly teach students
- ✓ **Interviews for prospective students:** This is when service users are on the interview panel alongside a lecturer and practice professional interviewing prospective students expressing an interest to study a course at the university.
- ✓ **Sharing illness experience:** This refers to scenarios where service users share their personal experience. They could be shared 'in person' or it could be videotape or audiotape stories or written stories in form of letters which is read to students.
- ✓ **Developing teaching materials:** This is when both service users and academic staff jointly develop teaching material such as letters, audiotape or film which are used as a means of teaching or sharing service users experience.
- ✓ **Expert panel session:** This is a question and answer session with service users, where service users act as the panellist and students ask them questions with the academic staff acting as the facilitator
- ✓ **Simulated skill session:** This is a session whereby service users simulate a real-life situation and students are expected to respond as though it is real. The academic staffs act as the facilitator in this scenario.
- ✓ **Developing learning outcomes:** This refers to scenarios where service users and academic staff jointly design the learning outcomes for a particular course to be taught to students.

- ✓ **Choosing materials for teaching:** This is when both service users and academic staff jointly choose what materials will be appropriate in teaching students a particular subject or topic.
- ✓ **Evaluation of students' performance:** This occurs when service users and carers jointly engage in the evaluation of students. This could either be formative or summative assessment.
- ✓ **Others:** This refers to other classroom based activities service users and carers are involved in which has not been listed above.

LIST OF ABBREVIATIONS

<u>ABBREVIATIONS</u>	<u>MEANING</u>
DH	Department of Health
FEHW	Faculty of Education, Health and Wellbeing
GMC	General Medical Council
HE	Higher Education
HEI	Higher Education Institutions
NHS	National Health Service
NMC	Nursing and Midwifery Council
PRSBs	Professional Regulatory and Statutory Bodies
SUCCESS (<i>at research site</i>)	Service Users and Carers Contributing to the Education of Students for Service
SUCI	Service users and carers involvement
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
VBR	Value Based Recruitment
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION

1.1. INTRODUCTION

In the United Kingdom (UK), the involvement of service users and carers is an essential requirement in health and social care students' education (Chambers and Hickey, 2012; Towle *et al.*, 2010). This concept in the education of health and social care professionals has been in existence since the 1970s. However, it was largely passive and unsystematic until the last two to three decades (Towle *et al.*, 2016). This move to more active Service Users and Carers Involvement (SUCI) in Higher Education (HE) has resulted in service users and carers lived-experiences and views now recognised as a valuable contribution to the education of health and social care professionals. This is subsequently evident in the spectrum of educational activities service users and carers are involved. Now, involvement occurs in several educational activities such as: planning educational initiatives, recruitment of learners, designing educational initiatives, implementing educational activities, teaching, practice learning, evaluation of health professionals' performance as well as Governance and quality assurance management.

This study focuses on the main stakeholders' views of involvement in HE. Freeman (1984, p46) defines stakeholders as "any group or individual who can affect or is affected by the achievement of the organisation's objectives". Crosby (1992) further explains that a stakeholder is an individual, group or organisation who has an interest and the ability to influence the actions and aims of an organisation, policy, or project. Identified main stakeholder groups of involvement in HE includes students, academic staff, service users/carers and practice partners/mentors (Rhodes, 2014; Ion, Cowan and Lindsay 2010; Speer 2008).

The researcher recognises that there is a fourth main stakeholder group, the practice partners/mentors but they are primarily involved in students training while on placement and not directly responsible for classroom-based education. The purpose of this study was to explore the impact of service users and carers' involvement in the university setting. This explains why the study population will focus on the three main stakeholders listed above. The rationale for focusing on the impact on the three main stakeholder groups is because the impact of SUCI potentially differs for each stakeholder group (Staniszewska *et al.*, 2011b).

Currently, there are numerous emerging studies about service users and carers' involvement in health and social care students' education. However, there are few studies evaluating its impact and none have explored this impact from the perspectives of all three main stakeholders (students, academic staff and service users/carers). Many of the current literature on involvement appears to focus more on the perception of health and social care professionals and service users (Morgan and Jones, 2009; Robinson and Webber 2013). Others tend to emphasise effective methods of actively involving service users without involvement being viewed as tokenistic (Tew, Gell and Foster, 2004; Mckeown *et al.*, 2012). Nevertheless, studies that have measured the impact methodologically and identified the outcome of involvement in health and social care students' education remain limited. Therefore, this research will explore the impact of active service users and carers' involvement in Adult Nursing and Social Work pre-registration degree based on a tripartite perspective of the main stakeholders in Higher Education.

1.2. INTENTION OF THE STUDY

This aim of this study was to explore the impact of active service user and carer involvement in Adult Nursing and Social Work pre-registration university

education programmes from a tripartite perspective of the three main stakeholders involved in Higher Education (HE).

1. Students
2. Academic staff
3. Service users and carers

The objectives of this study were:

- To examine the nature and scope of active service users and carers' involvement in Adult Nursing and Social Work pre-registration programmes in a specified university environment and at a specified time in the evolving implementation of this approach.
- To explore the perception of impact of the three main stakeholders about service users and carers involvement in Adult Nursing and Social Work pre-registration programmes.
- To examine factors that could optimise or limit the intended beneficial outcomes of active service users and carers' involvement in health and social care professionals' education in Higher Education.
- To formulate best-practice recommendations that will inform future education, policy, practice, and research on service users and carer involvement in Adult Nursing and Social Work pre-registration programmes.

The research questions that guided this study were:

- How does exposure to active service users and carers' involvement impact on the three main stakeholders involved in Adult Nursing and Social Work pre-registrations degree in Higher Education?

- What factors optimises or limits the intended beneficial effects of service users and carers' involvement in students' education and learning?

1.3. THESIS STRUCTURE

Chapter 2 - Provides a conceptual background which looked at the development of service users and carers' involvement in Adult Nursing and Social Work pre-registration programmes. Particularly, this chapter reviewed the historical, political, and theoretical contexts that surrounded the development of involvement in Adult Nursing and Social Work professionals' education in the UK.

Chapter 3 - Reviews the literature on service users and carers' involvement in Adult Nursing and Social Work pre-registration programmes. It begins by outlining the literature search strategy including the databases and key search terms used. In addition, the drivers, benefits, drawbacks, and models of service users and carers' involvement are considered. The gaps in knowledge about service users and carers' involvement were identified and justification for this study was established.

Chapter 4- Describes the methods used in the study and gives the rationale for the choice of the methods in addressing the aim of the study including the theoretical underpinning, data collection, data analysis processes, ethical considerations, access, pilot study, trustworthiness and rigour of this study are explored.

Chapter 5- Presents the findings of this study. Findings were reported sequentially. First, quantitative data was presented to provide contextual information about the participants and service users and carers' involvement as it was practiced at the research site at the time of data collection. Then, qualitative data which outlined the main themes emerging from this study were

discussed. Integration of both qualitative and quantitative findings and verification of the findings were also considered within this chapter.

Chapter 6- Describes the limitation of this study. The three main essences which emerged from the study findings and evidence-based recommendations that may inform education, policy, practice, and research were highlighted. In addition, a reflection of conceptual and methodological tension with the various types of involvement described within this thesis was discussed. This chapter ends by highlighting the contribution to knowledge about active service users and carers' involvement emerging from this study and opportunities for further research.

Chapter 7- Provides the conclusions arising from this study. The aim and objectives of the research were reviewed. Finally, a section on self-reflection is included, which provides a personal reflection on the process that has been utilised to complete this work.

CHAPTER 2

CONCEPTUAL BACKGROUND

2.1. INTRODUCTION

This chapter presents historical, political, and theoretical contexts of Service Users and Carers Involvement (SUCI) in Adult Nursing and Social Work pre-registration programmes in the United Kingdom (UK). This chapter begins by presenting a discussion on the various terms and ascribed meanings to the term “service users”, “carers” as well as “service user and carers involvement” with the rationale for selecting the term ‘service users’ and ‘carers’ in this study. Thereafter, key events that surrounded its development globally and in England’s health and social care sector are considered. Also, this chapter examines service users and carers’ involvement in health and social care education as well as considers some of its alternatives to students’ education. The chapter ends with discussion of development, current range, and scope of involvement in Adult Nursing and Social Work pre-registration degrees.

2.2. WHAT IS IN A NAME?

The term “service user” is one which has raised a lot of argument amongst: service providers, self-help groups, pressure groups, advocacy groups of service users’ movement, social scientist, health and social care professionals, academics, marginalised individuals and service users themselves (Heffernan, 2009). Besides the term ‘service users’, other labels used to describe individuals who participate in health and social care services, research, education, policy, and practices includes: patient, client, consumer, expert by experience, survivor, lay person, stakeholders, co-experts and customer; yet, an agreeable decision has not been reached on the most suitable name (Bennett and Baikie

2003; Heffernan, 2009; McLaughlin, 2009). I would suggest that a possible explanation to the controversies surrounding an agreeable name or label is perhaps due to a lack of definitive criteria that helps to state clearly who a service user is or not.

Tritter and McCallum (2006) indicated that political climate has also contributed to the inconsistencies in the term used to describe these individuals. For example, a change from 'patients' to 'users' and 'consumers' reflects the neo-liberal ideology of power sharing based on the concept of managerialism and market economy in the 1990s (Heffernan, 2006b; Tritter and McCallum, 2006). McLaughlin (2009) also expressed a similar opinion stating that the change to Conservative Government in 1979, which emphasises a need for freedom and choices led to criticism of the word 'client' in Britain. McLaughlin, (2009) makes clear that the terms consumers and customers are often used interchangeably to refer to an individual able to exercise choice and the advent of these words have resulted in a shift in the paternalistic perception of health professionals. Furthermore, in 1980 the term 'client' was widely disapproved by researchers as it was stated that such word connotes the power of the professionals as experts and patients as docile in need of services with the inability to help themselves (Corrigan and Leonard, 1978; McDonald, 2006).

Heffernan's (2009) study to assess the acceptability of different terms generated an interesting result. This study had 24 respondents with one or more health and social care problems. None of them liked the term *consumer* and *patient*, only 2 individuals liked the term *service users*, 25 per cent liked *participants* and 40 per cent preferred the term *client*. The author highlighted that preference for the term *client* was because it sounded less stigmatising than *patient* and *service user*; however, the respondents accepted that it was still not the ideal term. Heffernan (2009) further stated that the respondents who liked the term '*participants*' were those who utilise a very definite service and felt they took part in the services being delivered, some also felt that the term *participants* gave them a choice to choose to contribute or not. Lack of choice appears to be the reason for the non-acceptance of *consumer* as the

respondents felt a *consumer* should be one who has power of choice; and *patient* was not preferred due to the fact the word connotes someone in need of medical care and not listened to, but told what to do.

Other studies carried out to investigate the preferred choice amongst the term *clients*, *patients* and *consumers* in various geographical location yielded varying result. For example, in a study by Elliot (1993) in New Zealand the respondents favoured the term *patient* and it was noted that this could have been attributed to the sample population being elderly. A similar result was obtained in Canada by Sharma *et al.*, (2000) with 55% of the sample population. In Rees, Knight and Wilkinson's (2007) study, the service users used various labels to identify themselves while the students and academics simply referred to the service users as *Patients*. As noted in the study by Mueser *et al.*, (1996) neither being an in-patient, out-patient, gender nor diagnosis has a significant relationship with a preferred name. The study by Lloyds *et al.*, (2001) in Australia and Mueser *et al.*, (1996) in United States favoured *clients*. Lloyds *et al.*, (2001) mentioned that majority of the respondents that liked the term *client* were from the younger age group as it meant to them they were active recipient of services. Overall, empirical studies have not recognised a preferred name or term, rather the choice of a term is dependent on the individuals, context and the environment.

The term used in this study is "service user". My definition of a service user is an individual who receives continued health and social care services due to their social care problems and/or their long-term health conditions and have chosen to use their experiences to contribute to the education of health and social care professionals. This definition exempts the general public and individuals who utilised health and social care services occasionally or on a one-off basis. This is because an individual who frequently uses health and social care services will be more experienced and knowledgeable. Also, those one-off events may not truly portray the day-to-day experiences of utilising health and social care services. Additionally, this definition is in line with

Stevens and Tanner (2006) description of a service user as an individual who is an expert due to their illness experiences.

Fitzhenry (2008) in Robinson and Webber (2013) defined a “carer” as an individual who manages the day to day upkeep of another (either a family or friend) because of their sickness or disability. In this study, ‘carers’ are defined as individuals with personal experiences of being responsible for the daily care and wellbeing of service users and who choose to contribute their experiences in education of health and social care professionals. This term excludes any individual who is professionally qualified or gets paid to care for sick individuals such as nurses, health care assistant, support workers, personal assistants and many more.

Service users have been described in many ways and arriving at a definition which is not derogatory remains problematic. For instance, McLaughlin (2009) states that the word ‘user’ in the term ‘service users’ could easily be mistaken for an individual who is a drug addict. Heffernan (2006a) further indicated that the term “service user” suggests that these individuals are reliant on health and social care services rather than empowered and involved in the delivery of health and social care services.

The rationale for selecting the term ‘service user’ and ‘carer’ is based on the increasing popularity and acceptability of both terms, especially in the UK (Towle *et al.*, 2010; Staniszewska *et al.*, 2011b). Furthermore, the term has often been used to indicate a collaborative approach between professional and individuals who participate in health and social care services, research, and education. This view is supported by the findings from Haffernan (2009) where the individuals who preferred the term ‘service users’ did so because they were involved in the design and delivery of health and social care services. In this study, the term “service users” may be used interchangeably to indicate both service users and carers.

2.3. WHAT THEN IS SERVICE USERS AND CARERS INVOLVEMENT?

Terminologies used to describe how service users take part in health and social care services, education, research, and policies have varied greatly over the years. Various terms have been used as synonyms of involvement, to describe the relationship between health and social care professionals and service users (Cahill, 1996; Thompson 2007). For instance: engagement, participation, partnership, empowerment, collaboration and co-production have been used. This explains why several phrases have been used to connote service users and carers' involvement. For instance: patient and public involvement, patient partnership, stakeholders' engagement; consumer partnership, user empowerment; and many more have been used (Beresford, 2002; House of Common, Health committee 2007; Bovaird 2007; Towle *et al.*, 2010).

Cahill (1996) indicates that with regards to professional and service users' relationship, partnership represents a joint venture, collaboration denotes an intellectual co-operation and involvement indicates a basic relationship whereby service users just carry out delegated tasks. Thompson (2007) concludes that it appears that the level to which service users participate in the decision-making process is the distinguishing factor amongst the various terminologies.

Co-production is a term used in recent times in the UK to describe service users and carers' involvement in the provision of public services (Realpe and Wallace, 2010). It is a broad term that describes recipients of services taking part in the various stages of health and social care services, such as the planning, design and delivery (Boyle, Clarke and Burns 2006; Bovaird, 2007; National Institute for Health Research, 2015).

Interestingly, there is no agreed definition of co-production, however, its principles emphasis active participation and empowerment of service users (Boyle, Slay and Stephens, 2010). This explains why it promotes individualisation by emphasising that service users are co-experts who takes an active role in the delivery of service (Realpe and Wallace, 2010). However,

Baggott (2005) argues that individualisation promoted by co-production is a means of transferring greater responsibility to an individual by the government. Overall, the concept of co-production is fast growing and gaining acceptability in health and social care research, services and education. This is majorly attributed to its fostering collaboration amongst all stakeholders with each persons viewed as an equal partner (National Institute for Health Research, 2015; Hatton, 2017).

Service Users and Carers Involvement (SUCI) is the selected terminology used in this study. This is because it is a broad term which portrays the wide spectrum of educational activities service users are currently involved within students' education. Chambers and Hickey (2012) defines involvement in health and social care professionals' education as the active participation of service users and carers in the planning, designing (development of module, programme and curricular) implementation (teaching and learning styles) and evaluation (formative and summative) of educational programmes. It also entails recruitment of learners, quality management processes and governance as well as engaging in educational initiatives (Attree *et al.*, 2008; General Medical Council, 2009; Chambers and Hickey, 2012). Rhodes (2012) simply defines service users and carers' involvement in health professionals' education as the use of lived experiences of service users in teaching and learning of health professionals.

The use of the term 'service users and carers' involvement' can be traced to the Service Users' Movement in the 1980s. This took place with the intention of allowing members of the public express their opinions about services, reorganise service delivery and facilitate partnership amongst professionals and service users (Sang, 1999; Campbell, 1996 in Heller *et al.*, 1996). This explains why the Department of Health [DH] (1990) describes service users and carers' involvement as a process of engaging service users in the decision making with regards to service design, implementation, and evaluation. However, it has been noted that this description of service users and carers' involvement is not applicable in scenarios where a mental health service user has decided against

having an essential therapy based on their unstable behaviour, hence endangering themselves (Heyes, 1993 in Cowden and Singh, 2007; Chamberlin, 1987 in Barker and Peck, 1987)

In the present study, the term service users and carers involvement has been selected because it takes into cognisance the dynamics of the relationship between service users/carers and other stakeholders within Higher Education. This is reflected in Wright and Rowe's (2005) definition of service users and carers' involvement as an active input and equal relationship amongst professionals and service users/carers in educating health and social care professionals. Furthermore, in this study, the term indicates active inclusion of service users and carers in educational activities in a collaborative manner with other main stakeholders.

2.4. THE EMERGENCE OF SERVICE USERS AND CARERS INVOLVEMENT

The emergence of Service Users and Carers Involvement (SUCI) is complex and relates to several social and political changes both nationally and internationally. Historically service users' views, knowledge and expertise were disregarded and undermined (Beresford 2000). However, over time, it has increasingly become recognised that service users and carers introduces an alternative approach of viewing and responding to health and social care problems (Warren 2007).

Service users and carers involvement in health and social care can be traced to the *Human Right Movement* by the Charter of the United Nations on the 26th of June 1945 (Warren, 2007; Lewis, 2009). The Human Right movement resulted in the development of certain traits within the health sector which promotes and protect individuals, nations, and communities. These are: advocacy and the use of legal standards and right in delivery of care and programming (Gruskin, 2004). These traits have featured in various service users and carers'

movements and campaigns such as: people living with HIV/AIDS, mental health services users, disabled people and many more (Mann, 1997; Beresford, 2002; Lewis, 2009). For instance, the mental health service users' movement in the 1980s occurred due to individuals advocating for their personal and collective rights against stigmatisation and discrimination of being diagnosed or living with mental illness (Wallcraft and Bryant 2003).

Furthermore, the concept of Human Right also gave rise to individuals challenging some of the paternalistic ideas of the health profession (Heller *et al.*, 1996). For instance, Heller *et al.*, (1996) pointed out that the advent of Human Right after the Second World War challenged some of the paternalistic ideas such as use of asylums when dealing with mental illness. This subsequently led to individuals having more opinion on their health and wellbeing. Moreover, these various movements have resulted in the development of several policies and legislations which further emphasises the need to involve service users and carers in all aspects of health and social care services, research, and education.

Another concept which gave birth to the notion of service users and carers' involvement can be traced to *The Patient Right Movement*. This movement stemmed from the Human Right Movement of the Universal Declaration of Human Rights (UDHR) (1948) due to the need to instigate the concept of mutual respect amongst patients and professionals as well as promote equality in health (World Health Organisation [WHO], 1994). The advent of Patient Rights further stirred the delivery of health and social care services to be more patient focused rather than provider led as previously practiced (Stephenson, 1994). This is because Patient Right Movement birth concepts such as informed consent; confidentiality and privacy which shifted power from medical professionals to patients and gave rise to fresh doubt of the medical profession (Stephenson 1994; Roberts, 1999).

The UDHR (1948) also gave birth to the concept of 'Public Health' (Annas, 1998). Through public health, principles such as empowerment have become

one of the key priorities of promoting the health and wellbeing of population (WHO, 1997). Funnell *et al.*, (1991) defines empowerment as a process of developing an individual's skills, knowledge, attitudes, and self-awareness with the aim of influencing behaviour and having a better quality of life. Emphasis on empowerment has increased patient involvement in healthcare, as service users are urged to care for themselves using various homecare and self-help club and organisations and now more recently the use of media (Vickery and Fries, 1989; Markman, Petersen and Montgomery 2005). Several studies have indicated that empowerment results in better patient outcomes such as: adherence to treatment and satisfaction because it fosters patient autonomy and ability to make informed choices (Greenfield, Kaplan and Ware, 1985; Ley, 1988; Hall, Roter and Katz, 1988; Anderson and Funnell 2010).

Furthermore, Croft and Beresford (1992) pointed out that service users and carers' involvement in public policy and practice can be traced to initiatives such as community development inland use planning in the 1960s. Community development is one of the essential methods used in public health to empower individuals with knowledge and skills needed to attain the desired health and wellbeing (Naidoo and Wills, 2010). It is also based on social justice and mutual respect (Standing Conference for Community Development, 2001). Thus, Community development has resulted in the emphasis to hear the views and perceptions of the public and ensure the public are involved in the decision-making process during the design and delivery of health and social care services (Naidoo and Wills, 2010).

2.5. SERVICE USERS AND CARERS' INVOLVEMENT IN ENGLAND: THE CONTEXT

Service Users and Carers Involvement is fast-growing, most especially in developed countries where it is a policy priority within the health and social care sector (Picker Institute Europe, 2006; Scammell, Heaslip and Crowley, 2015). Several studies have reported that England is the leading country promoting the

concept of involvement, even amongst the four countries of the UK (Picker Institute Europe, 2006; Stickley, 2006; Lewis, 2009; Tritter, 2011). The government in England has shown its commitment to involvement in health and social care by putting in place policies and legislations as well as structured organisations that represents service users, carers and the public.

The Community Health Councils (CHCs) were the first reported formal structure developed by the government in 1974 to represent service users and the public views in England (House of Common Health Committee, 2007). The CHCs were formed to allow service users and the public advocate for deprived communities and bridge the gap between the National Health Service (NHS) and local authorities (Hogg 2007). The CHCs continued to be the pillar structure of patient-led services for 25 years until they were abolished in 2003 (Hogg 2007; House of Common, Health Committee, 2007).

Following the abolishment of the CHCs, a commission for Patient and Public Involvement in Health (CPPIH) was formed in 2003 (Hogg, 2007; House of Common, Health Committee, 2007). The CPPIH covered more roles than the CHCs which involved reviewing national policies and services as well as presenting at a national level, the opinions of service users and the public and they had direct links with primary care trust (PCTs) and NHS trusts (Hogg, 2007). The House of Common, Health Committee (2007) pointed out that Patient Public Involvement Forums (PPIFs) were offshoot of the CPPIH and had statutory power which involved: admittance to healthcare premises; authority to call for written information from NHS trust and PCTs; as well as the ability to evaluate service users and the public views which is reported to the appropriate trust in order to improve service delivery.

In 2004, the CPPIH was abolished 18 months after its establishment and two years after PPIFs were also abolished as part of Government review (Daykin *et al.*, 2007; Hogg, 2007; House of Common Health Committee, 2007; Tritter, 2009). The PPIFs were abolished because they did not convey the views of the community as they were too rigid in their organisational procedures, also, they

were not cost effective (Hogg, 2007; House of Common, Health Committee, 2007). The Francis report (2013) also expressed a similar concern stating that the PPIfs were usually more concerned about constitutional and procedural matters. However, House of Common, Health Committee (2007) pointed out that the forum was not given adequate time to evolve before its abolishment. Hogg (2007) further expressed that the type of representation, accountability and governance expected of PPIfs were never clear resulting in the forum being labelled as been non-democratic, non-representative, and not consistent.

Local Involvement Networks (LINKs) was launched in 2008 after the abolishment of CPPIH and PPIfs under the *Local Government and Public Involvement in Health Act 2007* (Daykin *et al.*, 2007; Hogg, 2007; House of Common Health Committee, 2007; Tritter, 2009; Tritter, 2011). The LINKs were formed based on a need to have a strong local voice in which individuals could express their opinion in the design and implementation of health and social care services (Taylor, Tritter and Dimov, 2007). Furthermore, they were a source of intelligence to engage service users in service delivery and prioritise services to be delivered by commissioning such services (Tritter, 2009; 2011). However, over the years, it was perceived that the impact of LINKs was majorly local (Department of Health [DH], 2011). This explains why *Healthwatch* was established in April 2013 following the Health and Social Act (2012). It was stated that *Healthwatch* would evolve from LINKs building on its strength and local *Healthwatch* would feed information to *Healthwatch* England (DH, 2011).

From all indication, the government in England values involvement in health and social care services and this is subsequently reflected in the education of health and social care professionals. This is because policy changes are the main factors that accounts for the changes in organisation structure and function of service representing service users, carers and the public. These policy changes also permeate the education system thereby resulting in Professional and Statutory Bodies (PRSBs) of health and social care degree either necessitating or recommending service users and carers involvement.

2.6. SERVICE USERS AND CARERS' INVOLVEMENT IN HEALTH AND SOCIAL CARE EDUCATION

Essentially, services users have always been involved to some extent in the education of health and social care professionals in time past (Howe and Anderson, 2003). This is because health and social care education entails both classroom based teaching and practical training mostly on living person's to test the knowledge, skills, and abilities to perform in various clinical, health and social care settings (Downing and Yudkowsky, 2009). Progressively, service users were brought into the classroom and used as a greater resource in health and social care education (Towle *et al.*, 2010). Initially, their role was essentially limited to teaching and evaluation of learners (Chambers and Hickey, 2012; Towle *et al.*, 2010; Morgan and Jones, 2009).

In the early 1990s, the role of service users and carers in health and social care education started expanding beyond teaching and evaluation of students' practices (Towle *et al.*, 2010). This noted expansion was due to the various service users and carers' campaigns for active inclusion in the delivery of health and social care services as previously mentioned. The service users and carers' role in education correspondingly evolved and was further embedded as a result of Professional, Regulatory and Statutory Body (PRSBs) reforms impacting on the standards set for health and social care professionals' education.

The earliest record of a concept comparable to service users and carers' involvement in health and social care education can be traced to the study carried out by Anderson and Meyer (1978) where patients with chronic diseases were used to teach medical students physical examination skills. Another record of a similar concept was the research by Stillman *et al.*, (1980) where service users' role in health professionals' education involved being patients, teachers, and evaluators of physical diagnosis skills. In both studies the real patients were referred to as instructor-patients.

Aggarwal and Darzi (2006) indicated that complexities around the use of service users has resulted in the use of various teaching and learning techniques in health and social care professionals' education over the years. These complexities include: selecting cooperative patients/service users, ethical consideration associated with using sick people and unsuitability of the environment for students (Anderson and Meyer, 1978). Additionally, the need to ensure examiners' impartiality and standardise learners' assessment, have resulted in the development of various teaching and learning methods in health and social care education (Hubbard *et al.*, 1965; Porkony and Frazier, 1966; Harden *et al.*, 1969).

For instance, simulated patient/service user is a method used in the practical training of health and social care professionals to mirror illness of an actual patient (Nestle *et al.*, 2011). This method have been reported since the 1960s and praised for its ability to improve the interaction of learners and service users at the same time ensures learners are assessed uniformly (Barrows and Abrahamson, 1964). Its use in health and social care gained more popularity in recent times due to the increased popularity for service users and carers' involvement. (Nestle *et al.*, 2011).

The use of simulated patients/service users is costly in terms of recruiting, training, and reimbursement; also, researchers have noted that simulated patients/service users can not duplicate some real patients/service users' abnormalities (Stillman *et al.*, 1990; Adamo, 2003; Nestle, 2011). However, a study carried out Norman, Tugwell and Feightner (1982) to compare resident doctors' performance using both real and simulated patients/service users, found no significant difference; as it was stated that the simulated patients/service users used were adequately trained to imitate real patients. This perhaps explains why some educators prefer its use as they believe in its ability to provide homogeneity and they are of the notion that simulated patients/service users are more reliable and tolerant than real patients (Collins and Harden, 1998; Adamo, 2003; Nestle *et al.*, 2011).

In health and social care education, mental health nursing, medicine and social work were the degrees that embraced the concept of involvement first, perhaps due to PRSBs making service users and carers involvement a requirement earlier than other courses (Thomson and Hilton, 2012; Rhodes, 2012; Scammell, Heaslip and Crowley, 2015). These degrees have indicated that service users and carers must be included in all aspects of students' education. For instance, the General Medical Council [GMC] (2009) document describes how service users and carers can be involved in all aspect of health and social care education. Figure 1 (page 27) shows a pictorial description made by the researcher to communicate what service users and carers involvement in health and social care education should entail as described by the GMC (2009).

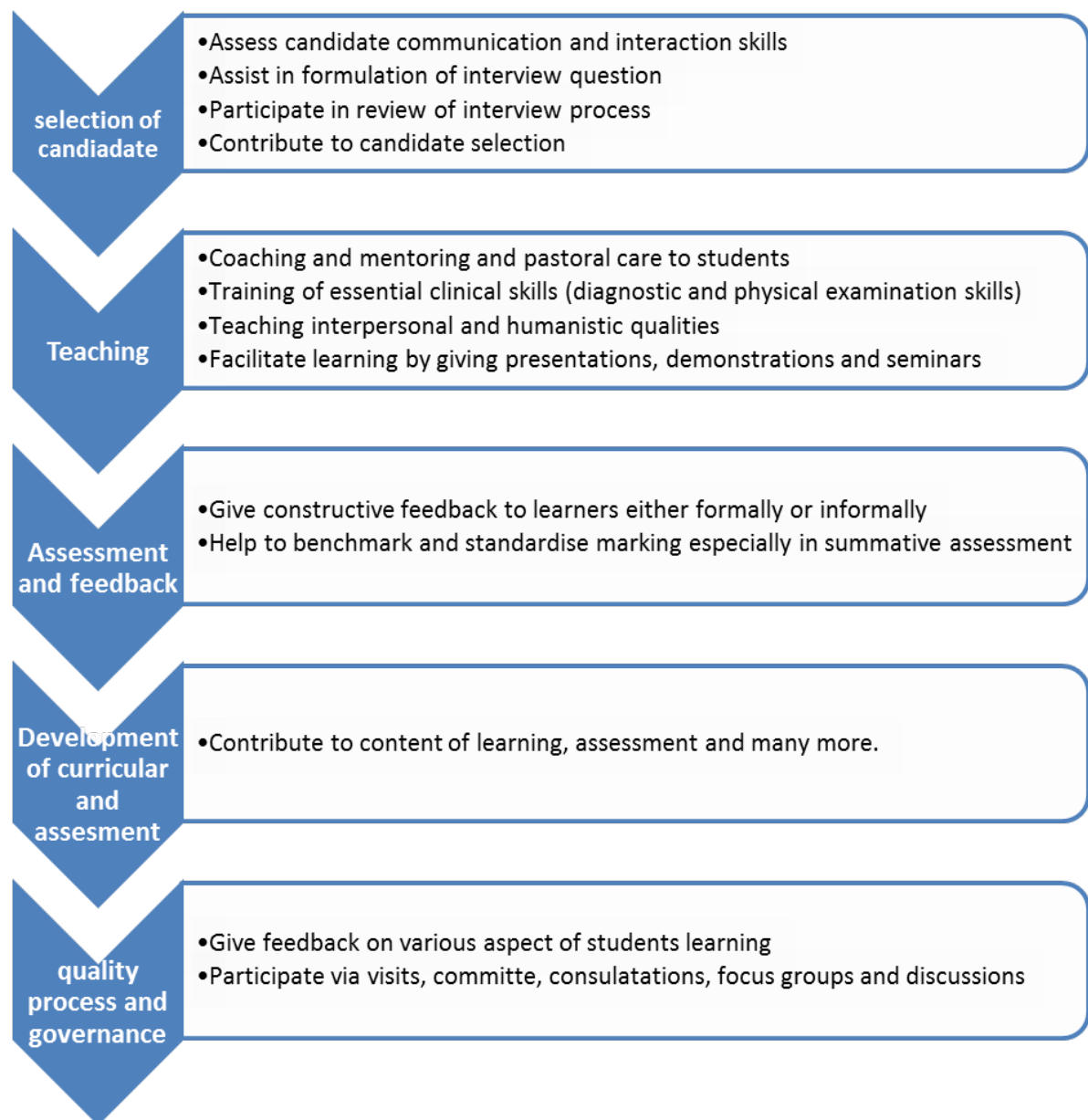


Figure 1: A pictorial description of General Medical Council (2009) document of SUCI in health and social care education

EDUCATIONAL THEORY AND SERVICE USERS AND CARERS' INVOLVEMENT

Currently, there is little literature that has underpinned services users and carers' involvement to an educational theory. Rhodes (2014) pointed out that

the humanism educational theory best aligns with service users and carers involvement. Humanism supports a person-centred approach (Bates, 2016). It also aligns with empowerment of individuals and shifts education from teacher-led to student-centred approach with emphasis on reflexivity and experiential learning (Dewey 1966).

A number of learning theories supports humanistic education and buttresses the involvement of service users and carers in students' education. For example, Knowles (1988) Andragogy theory highlights the need for students to learn about theory from real-life cases or situations. Carl Rogers's theory of person-centeredness outlines three core elements which are congruence, empathy and Respect (Rogers, 2004). These three elements are amongst the identified beneficial outcomes of involvement in students' education discussed in Section 3.4.

Maslow's Hierarchy of need indicates that self-actualisation will be attained when the physiological, safety, belonging and esteem needs of an individual are met (Maslow, 1954). Consequently, this implies that service users and carers' involvement in education will attain its maximum impact on all three stakeholders when the needs identified above are addressed. Mezirow (1997) three main themes of transformational learning (experience of life, critical reflection and rational discourses) explains that an individual perceptive will change and become more inclusive due to being reflective and exploring their beliefs and values (Bates, 2016). Thus, this suggests that service users and carers involvement is likely to result in a changed perceptive and behavioural which is less judgmental.

2.7. SERVICE USERS AND CARERS' INVOLVEMENT IN SOCIAL WORK AND ADULT NURSING PRE-REGISTRATION PROGRAMMES

The Social Work pre-registration degree in the UK is a three years Bachelor of Arts (BA) honours undergraduate degree. It is regulated by the Health and Care Professional Council (HCPC) and consists of a taught and practice aspects. The practice aspects entail students spending 170 days on placement in a practice setting and skills sessions over 30 days. The degree is aimed at equipping students to work with vulnerable individuals within the society at a stressful time of their life (Department of Health [DH], 2002a). Involvement in social work degree is in line with the values and ethics of the profession as it promotes anti-discriminatory practices, respects and self-determination and independence (Croft and Beresford 1990).

The DH's (2002a) document was the first to record that involvement is a key requirement in Social Work pre-registration degree programme. This document highlighted that service users must be involved in all aspects of students' education from the selection and recruitment to the learning, teaching and assessment process. Moreover, the document recognises service users as key stakeholders in the social work degree programme design, delivery, and quality assurance processes. It is believed that involvement will provide the opportunity for service users and carers to use their invaluable experience and expertise to improve the degree and make better social care within the country (Branfield 2009). However, the DH (2002a) documents did not specify how service users and carers should carry out these roles and what constitutes meaningful involvement. Nevertheless, as involvement in Social Work degree continues to develop so is more knowledge about what constitutes meaningful involvement increasing, with many institutions now demonstrating best practices (Branfield 2009; Webber and Robinson, 2012).

The Adult Nursing degree in the UK is a specialised Nursing course which equips individuals with the skills and knowledge to care for adult patients. It is a three year Bachelor undergraduate degree which constitutes 50% taught aspects within the university and 50% practice in various clinical and community settings. The course is regulated by the Nursing and Midwifery Council (NMC), although, students are often given insight into Mental Health, Learning Disabilities, and Children, the main focus remains on adult individuals. It is believed that involvement in nursing education will promote person-centred care (Rhodes, 2012). Furthermore, service users and carers' involvement in nursing education will help ensure patients, service users and carers are heard and listened to, which will help combat some of the shortcomings in the quality of care delivered (Francis Report, 2013). The Nursing and Midwifery Council (2010) is the first document to indicate that education provider should demonstrate how service users and carers are involved in the design and delivery of Adult Nursing degree. However, the manner service users and carers contribute to students' education is at the discretion of the education providers.

Adult Nursing was a relatively late adopter of service users and carers involvement by comparison to Social Work and Mental Health Nursing which were one of the first healthcare degrees to involve service users and carers (Reppers and Breeze, 2007). The implementation of service users and carers involvement in Adult Nursing is just developing and there are only few notable studies about it within this course (Scammell, Heaslip and Crowley, 2015). A new approach referred to as Value Based Recruitment (VBR) by Health Education England (HEE) have further helped involvement gain more ground in this course (Value Based Recruitment, 2016). Value Based Recruitment (VBR) emerged as one of the recommendations of the Francis Report (2013) and other similar reports and inquiries due to the decline in the quality of care being delivered within UK hospitals. It requires that academic staff work jointly with service users and carers in recruitment and selection of students (Value Based Recruitment, 2016). It is aimed that VBR will ensure that the students, trainees

and employees recruited into the health and social care workforce are individuals that will provide compassionate, safe, and high standard of health and social care that aligns with the value of the NHS constitution (Value Based Recruitment, 2016).

Overall, both Adult Nursing and Social Work degree and profession share similar structure and function. For instance, both share values and core principles of: care, compassion, respect, person-centeredness, dignity and many more (British Association of Social Work, 2012; Royal College of Nursing 2016). Additionally, both involve classroom-based learning and practice learning, the latter referred to as Placement. Although, Adult Nursing was a slightly later adopter, service users and carers involvement is a regulatory requirement for both professional pre-registration degree courses in the UK. Moreover, studies about involvement in both degrees have demanded that evaluation of the impact of service users and carers involvement in students' education should be carried out (Morgan and Jones, 2009; Webber and Robinson, 2012; Robinson and Webber 2013; Scammell, Heaslip and Crowley, 2015).

2.8. SUMMARY

This chapter provides the conceptual background of service users and carers involvement in Adult Nursing and Social Work pre-registration programmes. The development of involvement, definition of service user, carer, and service users and carers involvement as applied in this study have also been discussed within the chapter. Involvement in Social Work degree is more developed than Adult Nursing degree. This could be majorly attributed to it being a regulatory requirement earlier in Social Work Degree than Adult Nursing. This chapter ends by recognising the need for conducting this research. The next chapter reviews existing literature about service users and carers' involvement, priority

is given to literatures in Social Work and Adult Nursing degree and closes by providing a rationale for conducting this study.

CHAPTER 3

LITERATURE REVIEW

3.1. INTRODUCTION

This chapter presents a review of existing literature about Service Users and Carers Involvement (SUCI) in Social Work and Adult Nursing pre-registration degrees. It explores current knowledge about involvement in Higher Education (HE) and highlights the gaps in knowledge. This chapter begins by discussing the search strategy employed. Thereafter, influencers, benefits, drawbacks, and models of involvement are explored. This chapter closes by justifying a need to conduct this study, recapping on the key points and stating how this comes to bear on the study design and methodology employed in the research method chapter.

3.2. SEARCH STRATEGY

Literature search was carried out to locate the most current knowledge about Service Users and Carers Involvement (SUCI) in HE. Priority was given to literature that focused on involvement in Adult Nursing and Social Work pre-registration degrees. Literature search helped gain a comprehensive overview of involvement in Education. It provided a clear indication of what had been previously researched, and the main issues about involvement (Hart, 2000). Glatthorn and Joyner (2005) strategy of conducting a literature review was employed in this study.

First, all sources about service users and carers involvement were retrieved. Electronic database searching via the internet was the principal method. Information was also sought from text books, policy documents and 'grey sources'. Also, manual/hand searching, snowballing approach and following up references and citations within key papers was utilised in this study (Garrard

2014; Higgins and Green, 2011). A combination of various search strategies was helpful in obtaining a comprehensive and reliable result which would have been missed if only electronic database search was used. Thereafter, the information obtained from the initial search was then evaluated. Papers were excluded or included based on the inclusion criteria after reading the title, abstract and/or full text. Finally, all sources that were useful in addressing the research aim were then retrieved. Appendix 12 contains the screenshots of two main databases searched.

DATA SOURCES

The initial search was carried out from 1940 to September 2013 on the EBSCOhost database. This host database has a broad range of full text and bibliographic databases. For instance: The Academic search complete, British education index, CINAHL plus, Education research complete, e-book collection, ERIC and MEDLINE databases were selected to run this search. In addition, SCOPUS, Sciencedirect, Nursing and Allied Health Sources were search. An updated search was then conducted and the cut-off point was the 10th October, 2017.

Information was also retrieved from other sources and this is to avoid missing out important papers. Other sources such as EThOS, web of Science, Google Scholar, University of Wolverhampton Library Catalogue, Google, Department of Health, NHS England, INVOLVE and SCIE. This was helpful in obtaining from academic journals, thesis, conference proceedings, organisational official publications, newspaper reports, policy documents and unpublished literature

KEY WORDS

The search combined sets of terms including synonymous to service users and carers' involvement. Words such as: citizen, client, public, consumer, family and stakeholders were used. These were combined with synonyms of involvement

(participat*, engagement, co-produc*, collaborat*, partner*, consult*, user led). In addition, education and words relating to nursing and social work (nursing, social work, adult nursing, health and social care) were all combined to form phrases.

Boolean operators of 'AND', 'OR', 'NOT' were used to expand and narrow searches as deemed appropriate. Additionally, truncation symbols such as * were used to increase retrieval of all related words.

STUDY SELECTION

All study design types published and unpublished written in English language which reported on service uses and carers' involvement in health and social care education were included in the first round of study selection. Due to the large number of papers involved in this process, the abstract or summaries of the materials were reviewed by me.

INCLUSION CRITERIA

Papers whose abstract were available were screened against all of the following inclusion criteria.

1. Paper is written in English Language
2. If service users and carers involvement took place in Higher Education setting involving students and/or academic staff and/or service users.
3. If service users and carers involvement relate to Adult Nursing and Social work degrees.
4. If studies were published between 1940 and 2017.

SEARCH RESULT

The first search was done on 15th September 2013. A generic search around this topic generated above 24000 hits. The methodological qualities of published studies were assessed using the Critical Appraisal Skills Programme (CASP) checklist (CASP, 2017). Additionally, the suitability of the study in addressing the research question was examined. After reviewing the title and abstract, this was reduced to 305. This was then further reduced to 56 after reading the full papers and the inclusion and exclusion criteria applied. Updated searches identified 11 papers more in line with the inclusion and exclusion criteria. Appendix 13 contains examples of some of the reviewed papers on service users and carers' involvement.

Other papers around service users and carers' involvement, for instance, involvement in practice, mental health, and research were used to obtain a generic overview. The information obtained ranged from the 1940s to 2017. This was useful in providing historical and policy context as well as the current perspective of service users and carers involvement. Subsequently, a search alert on service users and carers' involvement was set up on the EBSCOhost alert. A notification was sent to me monthly.

OVERVIEW OF THE STUDIES AND THEIR METHODOLOGICAL QUALITY

In total, 67 papers remained. The main reasons papers were excluded were as follows: non-United Kingdom study, not written in English, unpublished research, webpages, conference proceedings and anecdotal or journalistic style. Studies included had to have reported a strategy, model or approach of service users and carers' involvement. In addition, involvement had to have taken place in at least one of the following activities in a Higher Education setting in the United Kingdom (UK). These activities are: teaching, evaluation of students, programmes commissioning, curriculum development, delivery and implementation of programmes, as well as recruitment and selection of students and staff.

More than two-thirds of the included papers were predominantly small scale qualitative studies, with participants ranging from 1- 24 individuals. Involvement was mostly in teaching. There were more studies about involvement in Social Work than Adult Nursing degree. Using the CASP (2017) checklist, majority of the included papers had clear research aim or questions. The methodologies used were appropriate to address the research aims or questions. About half made explicit the recruitment strategy, data collection procedure, ethical considerations and data analysis procedures. Less than half stated the relationship between the researcher and the participants. Majority of systematic review studies included important and relevant papers stating clearly the search terms, databases, search results, inclusion and exclusion criteria used. Generally, nearly all the papers stated the importance of the study, outlining clearly the findings and its implication in health and social care research, policy and education.

Overall, an appraisal of current literature reveals a need to explore the impact of involvement in a wide range of educational activities using a more robust method of evaluation. At the same time fewer studies have reported involvement taking place in Adult Nursing degree. This indicates why a pragmatic framework was utilised to address the aim and objectives of this study. Further details about the pragmatic framework are covered in chapter 4.

3.3. INFLUENCERS' OF SERVICE USERS AND CARERS' INVOLVEMENT IN HIGHER EDUCATION

Several factors have been recognised as great drivers of service users and carers' involvement in health and social care students' education. Chambers and Hickey (2012) have identified three major drivers and these are: Government policies, profession as well as service users and the public. It should be noted that these drivers have mainly influenced the delivery and design of health and social care services and this has consequently influenced

the education system. Thus, the surge of involvement in the education sector is a resultant effect of its increase in health and social care services.

a. Government policies

Policies that have favoured Service Users and Carers' Involvement (SUCI) globally can be traced to the World Health Organisation [WHO] 1978 Alma-Ata which made mention of involvement as an essential element of primary care and a means of achieving the desired health status required globally. In the UK, the Department of Health [DH] 1989 White Paper *'Working for Patients'* is the first reported policy document that featured the need for involvement by laying emphasis on patient choices as crucial to service delivery. Thereafter, DH (1992) document *Patient Charter* buttressed the 1989 document and stressed that patients have the right to make informed choices. The DH (1997, 1998) made mention that citizens should be viewed as stakeholders whose opinions are needed as partners to participate in service design and delivery. Then, in the DH (1999a) document *Patient and Public Involvement in the New National Health Service (NHS)* pointed out some valuable outcomes of involvement in healthcare services. Subsequently, other DH policy documents (2000, 2001, 2003, 2004, 2005, 2006 and 2007) continue to emphasise the need for involvement and its benefits. More recently, the DH (2009) document which highlighted the Government plan between 2010- 2015, places great importance on promoting patients' choices as a means of improving the NHS.

The continued importance of service users and carers' involvement emphasised in those various policy documents have subsequently resulted in changes in the structure of the education and training of health professionals. Consequently, the Professional Regulatory and Statutory Bodies (PRSBs) of many health and social care courses have now recommended or necessitated it. For example: DH (1999b) made mention of changes in the framework of training and education of Mental Health degree; DH (2002b) report pointed out involvement must be a key requirement of Social Work degree; the General Medical Council

(1993) on training of medical undergraduate students' education; and the Nursing and Midwifery Council (2010) on all four fields of Nursing and the Midwifery degree.

More recently, recommendations emerging from the Francis report (2013) following the findings of the failing of the Mid Staffordshire NHS foundation have further pushed for involvement in education, research and practice. Subsequently, the Berwick report (2013) further reinforces the recommendation of the Francis report (2013) equally emphasising the need for patient/service users involvement and empowerment in all aspect of health and social care.

These numerous policies have greatly pushed involvement in health and social care education, services, and research. However, the Government has been criticised that the control and choices given to service users and carers in one form is equally withheld in another manner; thus, the true motive of the Government needs to be probed (Pilgrim and Waldron, 1998; Felton and Stickley, 2004). Additionally, it has been stated that there is still much room for development of this concept despite the many policy documents. This is because service users and carers involvement is still not fully integrated and meaningful in health and social care education, services, and research (Felton and Stickley, 2004; The Picker Institute, 2006; Webber and Robinson 2012)

b. Profession

The repeated humiliation faced by the health and social care profession in the media, thereby exposing the imperfections of the profession has further driven the need to involve service users and carers in the design and delivery of service (Thompson, 2007; Towle *et al.*, 2010; Chambers and Hickey 2012). For instance, the Francis report (2013) inquiry indicated that poor hospital care at the Mid-Staffordshire Hospital in the UK was because professionals were not listening to service users and their carers. The author affirmed that the appalling

care given to patients that led to increased mortality in the hospital could have been avoided. This discovery subsequently pushed for a new initiative in the education of health and social care students' education which emphasises the need for service users and carers as active participants within the education sector (McCutcheon and Gormley, 2014). After all, service users and carers are the main essence of providing health and social care services in the first instance. Hence, the belief that service users and carers as a key principle of health and social care education will ensure professionals are well trained to deliver excellent services thereby, ending the vicious cycle that results in humiliation of the profession.

The move from the traditional paternalistic perception (bio-medical model) to a more social perspective of viewing health and social care problems have also favoured the need for service users and carers involvement (McAndrew and Samociuk, 2003). This changed perception has led to service users and carers being empowered and viewed as experts of their own illness. This has consequently promoted a more partnership approach which is patient-centred with service users and carers progressively being recognised as joint decision makers about their health and social care problems (Tuckett *et al.*, 1985; Tew, Gell and Foster, 2004; Chambers and Hickey, 2012). There have been changes in the prevalence and complexity of health and social care problems being managed by professionals, for instance, more chronic health conditions than acute ones, the increase in respite care, homelessness and many more factors have further resulted in a recognised need for the input of service users and carers in the design and delivery of services as well as in the management of their own health and social care conditions (Holman and Lorig 2000; DH, 2001). These changes in service have impacted on many health and social care academic institutions and it is one of the drivers for service users and carers involvement in the education sector (Towle *et al.*, 2010). These institutions practice service users and carers involvement to be viewed as socially responsive and to foster good relationship with the community (Towle *et al.*, 2010; Mckeown *et al.*, 2012)

c. Service Users and the Public

Various campaigns by service users and the public advocating for marginalised groups such as individuals with mental illness, learning disabilities and Black and Ethnic Minority (BME) groups have resulted in a need to actively involve service users in the design and delivery of services; as well as in the education of health professionals (Ocloo and Fulop, 2012). It is believed that their inclusion in health and social care profession will improve knowledge and reduce stigmatisation. Also, significant increased knowledge from voluntary group books, leaflets, helplines, and the internet have further built interest in individuals wanting to know more as well as being actively involved in their own care (Olszewski and Jones, 1998). This has subsequently led to service users and carers wanting to be more included in the delivery and design of health and social care services and education.

3.4. BENEFITS OF SERVICE USERS AND CARERS' INVOLVEMENT

Several benefits of service users and carers' involvement in health and social care education have been pointed out by many researchers over the years (Bennet and Baike, 2003; Happell and Roper, 2003; Repper and Breeze, 2007; Attree *et al.*, 2008; Minogue and Hardy, 2007; Morgan and Jones, 2009; Towle *et al.*, 2010; Chambers and Hickey 2012). These researchers made clear that these benefits are not limited to students but extends to service providers, statutory bodies, health and social care professionals, service users/carers and many more. Chambers and Hickey (2012) also makes clear that some of the benefit overlaps across all three stakeholders. This is because involvement contributes in a unique and enriching manner which brings about a whole new understanding within the health and social care sector (Cowling *et al.*, 2006).

Some documented benefits to service users and carers includes: enhanced self-confidence and self-esteem; being valued and listened to; given individuals

a social role; development of new skills; a possible source of income to service users; and insight into professionals' worlds (Ramon and Sayce 1993; Hanson and Mitchell, 2001; Happell and Roper, 2003; Stevens and Tanner 2006; Stayley, 2009; Morgan and Jones, 2009; Brett *et al.*, 2014). Generally, service users and carers ability to contribute to students' education because of illness or caring experience is a great gain to them (Costello and Horne, 2001). Wood and Wilson-Barnett (1999) also expressed a similar notion stating that service users and carers' involvement is a means of valuing the unique experiences of patients as well as managing social inequalities and stigma associated with some illness like mental health and learning disabilities.

Benefits to students includes: improves learning experience, ability to put into practice the theory learnt in the classroom, critical reflection of current practices, gain insight into service users and carers experiences, develop essential skills and attitudes such as communication skills, understand the diversity of service users and carers as well as challenge their perceptions (Morgan and Jones, 2009; Towle *et al.*, 2010; Lauckner, Doucet and Wells, 2012; Chambers and Hickey, 2012; Turnbull and Weeley, 2013; McMahon, Chapman and James, 2016; Levy *et al.*, 2016; Hughes, 2017). Rees, Knight and Wilkinson (2007) also highlighted that service users and carers' involvement helps students to develop intrapersonal skills which enables students manage stress and uncertainties in the profession as well as keep emotional distance when necessary.

Benefits to academic staff are generally under-reported. Although, studies often indicate that academic staff consider service users and carers' involvement beneficial to their students' education. However, the impact on academic staff is not usually stated. Some reported beneficial outcomes to staff within NHS hospitals in a study conducted by Staniszewka *et al.*, (2011a) includes: staff retention, satisfaction, career progression, and feeling of fulfilment. It can also be inferred that service users and carers' involvement will make academic staff gain better understanding and insight into being topics being taught based on the findings reported in Brett *et al.* (2014) systematic review. This study

indicated that involvement made researchers gain better understanding and insight into the area being studied.

Service users and carers' involvement is also highly beneficial to the universities as it fosters a good relationship between the community and the university, also, it is a means of generating additional income and it gives good publicity to the university (McKeown *et al.*, 2012). Equally, it is beneficial to statutory bodies because it facilitates easy access to services, leading to more effective and worthwhile use of services (Coulter and Ellins, 2006). This is because service users and carers' involvement empower service users and carers at the same time promotes a feeling of ownership which often results in people adopting healthy lifestyle, building a better service user/carers and professional relationship, develop self-efficacy which is essential in avoiding ill-health (The Picker Institute, 2006; Repper and Breeze, 2007). Additionally, it helps statutory bodies to be more accountable of public funds to taxpayers, voters, as well as service users and carers (Barnes, 1997; Tritter and McCallum, 2006). Also, it ensures dignity and respect in service delivery as well as provides essential information to service users and carers because interruption in information pathway is easily recognised (Attree *et al.*, 2008). In addition, it serves as an effective tool used by statutory bodies to reduce health inequalities because the voices of service users and the public, especially marginalised individuals would be taken on board when planning delivery of health services (Tritter and McCallum, 2006).

3.5. DRAWBACKS OF SERVICE USERS AND CARERS INVOLVEMENT

The drawbacks of service users and carers' involvement described in this study are any unwanted and unexpected effect. It also encompasses all negative experiences and undesirable impacts of successfully conducting service users

and carers' involvement. It should be noted that service users and carers' involvement is often perceived as being positive and this explains why there has been underreporting of the drawbacks of involvement (Staniszewka *et al.*, 2011a). Many of the identified challenges associated with carrying out service users and carers' involvement in the literature are with regards to the process of successfully executing service users and carers' involvement in students' education (Attree *et al.*, 2008; Morgan and Jones, 2009; Towle *et al.*, 2010). This explains it has been pointed out that appropriate preparation, resource allocation, skills development as well as encouragement and motivation are essential ingredients needed for successful service users and carers' involvement (Towle *et al.*, 2010; Staniszewka *et al.*, 2011a; Brett *et al.*, 2012).

Some pitfalls highlighted by Kramer (2004) include: Costly in terms of planning, delivery, staff time and resources. Moreover, Attree *et al.*, (2008) and Towle *et al.*, (2010) made mention that service users and carers recruitment, selection, training, participation as well as retention and sustainability could equally be problematic. This is because service users and carers may be hesitant to participate in students' education due to their age, gender, cultural background, diagnosis, past experiences in health care setting, personalities, and educational background (Hickey and Kipping, 1998). Gutteridge and Dobbins (2010) also expressed a similar notion stating that often access to specific groups, ethnicity or organisation could be problematic and service users and carers' involvement as a concept is resource intensive. This explains why Mckeown *et al.*, (2012) indicated that service users and carers' involvement could easily be suppressed in academic settings due to the finance and resource implications involved with carrying out this process.

Some negative effect to service users are: reopen pains and sad experiences which could further deteriorate their health; feelings of dissatisfaction and less self-worth due to inadequate knowledge and skills; inadequate support; breach of confidentiality; roles and task assigned causing undue stress and inconsistency in payment methods (Repper and Breeze, 2007; Towle *et al.*, 2010; Staniszewka *et al.*, 2011a; Brett *et al.*, 2014).

Concerns raised by academic staff include: service users and carers experiences usually individualised and not representative; lack of expertise; lack of clarity of the description and definition of service users and carers; questioning and downplaying professionals' wisdom; shift in power to service users; Felton and Stickley, 2004; Repper and Breeze, 2007; Dogra *et al.*, 2008; Bradshaw 2008). Staniszewka, *et al.*, (2011a) study about involvement pointed out that some staff in the NHS indicated that service users and carers intentions may not always be genuine because they bring with them their preconceived ideas and prejudices into service user forums. Peck, Gulliver and Towel (2002) also indicated that time restraints, tight workload schedules, inadequate experience of service users and carers and differences in expectation are other negative effects of carrying out service users and carers' involvement stated by NHS staff. This may subsequently result in lack of commitment and involvement viewed as tokenistic, thus reducing the impact of involvement (Brett *et al.*, 2014).

Studies have also highlighted that service users and carers' involvement could be rather upsetting to students for example when the service user dies (Maughan, Finlay and Webster, 2001); other have reported that students sometimes feel anxious, embarrassed, and generally unnerving around service users (Wood and Wilson-Barnett, 1999; Costello and Horne, 2001; Ottewill *et al.*, 2006). Other researchers have pointed out that non-availability, inconsistency, inability to standardise, unwillingness and difficulty adapting service users and carers to suit students' education are issues that occur while carrying out service users and carers' involvement (Baerheim and Malterud, 1995; Collins and Harden, 1998; Nestle *et al.*, 2011).

3.6. MODELS OF SERVICE USERS AND CARERS' INVOLVEMENT

Over the years, several models of involvement have been described in literature (Robinson and Webber's, 2013; Staley, 2009). Models of service users and carers' involvement are usually ladders or continuums used to describe the status of involvement and the relationships between service users/carers, health and social care professionals and organisations (Tritter and McCallum, 2006; Chambers and Hickey, 2012). Generally, majority of the models of service users and carers' involvement focuses on the process rather than the outcome of involvement. Thus, not stating clearly how the model measures the added value to professionals' education (Chambers and Hickey, 2012; Robinson and Webber, 2013).

The Arnstein (1969) framework is the yardstick model used in describing SUCI and it has been in existence for more than four decades (Tritter and McCallum, 2006; Thompson, 2007; Chambers and Hickey, 2012). It is the most widely accepted model and explains service users and carers' involvement with regards to power and control exerted by 'power holders' (public sector managers and the Government) and the 'not have' (service users, carers, citizens, public activist and community members) using 8 levels which are expressed as ladders. These eight levels are further grouped into three. Figure 2 (page 48) shows the Arnstein (1969) framework of citizen participation.

The first group is known as *non-participation* comprises level 1 and 2. Level 1 is *manipulation* where the 'power holders' educate and persuade the 'not have'. It is a one direction flow of power with the 'not have' not reciprocating. Level 2 is called *therapy*; here the 'power holders' engage the 'not have' in extensive activities to elude active participation.

The second group is called *tokenism* which includes levels 3, 4 and 5. Level 3 is known as *informing* and it is a one-way flow from 'power holders' to 'not have' about their rights and responsibilities, however, the 'not have' do not have the power to negotiate or give a feedback. Level 4- *consultation* where the 'not

have' are invited to give their views without 'power holders' necessarily willing to take action. Level 5- *placation*, here a representative of 'have not' group is selected to give advice or plan services. This representative can be voted out if they are deemed inefficient, however, 'power holders' may not necessarily take action based on what is expressed.

The third group is known as *citizen power* which is made up of Level 6, 7 and 8. Level 6 is called *partnership*, at this level a joint decision takes place between 'not have' and 'power holders' and some sort of reshuffling of power occurs. Level 7- *delegated power*, here 'not have' take a crucial position in decision making and active discussion takes place between both 'not have' and 'power holders'. Levels 8 is citizen control, and at this level 'not have' are in full control of policies that preside over them and have power over who can alter such policies.

This model will not be used in this study. This is because it does not take into cognisance the intricacies of involvement, rather, it is assumed that when power is given to one group, it should be taken away from another (Tritter and McCallum, 2006; Tritter 2009). It should however be acknowledged that there are different types of power and knowledge which can foster collaboration (Tritter and McCallum, 2006; Tritter 2009).

Interestingly, Arnstein (1969) recognises that this framework has some limitations for instance, neither the 'power holders' nor the 'have not' are a homogenous group, rather each group is made up of individuals with varying opinions. Moreover, over the years, criticisms of the Arnstein model (1969) has led to many modifications, such as, Wilcox (1994) five rung ladder of participation, Burns, Hamilton and Hogget (1994) ladder of citizen empowerment, Service user involvement best practice guide (2013) and Choguill (1996) model. However, all these models/ladders of involvement are mainly effective as an analytical tool used in describing involvement, but they do not quantify involvement (Chambers and Hickey, 2012). Furthermore, in the real world, it is difficult to fit the relationship between the 'not have' and 'power

holders' into a level on the ladder, as the status of involvement and relationship between service users/carers with organisations and professionals may not really be well defined and clear.

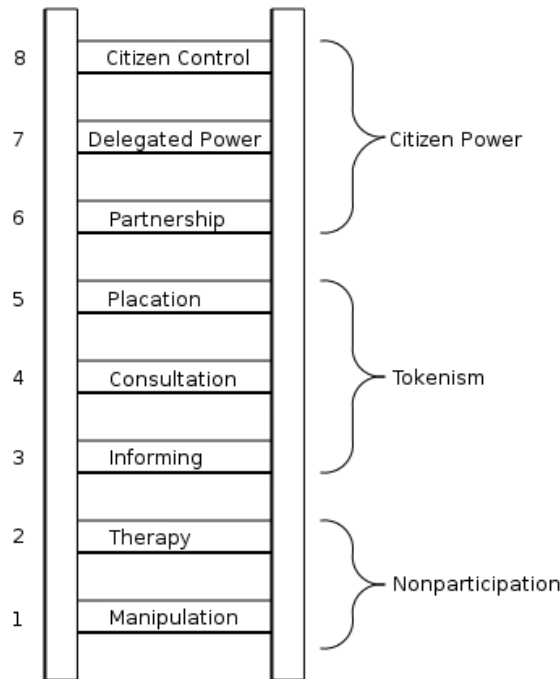


Figure 2: Arnstein's framework of citizen participation (Arnstein, 1969)

Chambers and Hickey (2012) also described a model of service users and carers' involvement in students' education using two continuums. The first is called an *Integration Continuum* which is used to explain the extent service users and carers should be involved in students' education. It is made up of two extremes which are *Systemic*, where service users and carers are actively involved in all aspects of health and social care professionals' training and *Piecemeal*, where service users and carers are only involved in certain aspect of health and social care professionals' education and training. The second continuum is the *Engagement Continuum* which is used to describe the extent

service users and carers engage in health and social care professionals' education. It tells the level of inclusion of service users and carers in roles assigned to them. It is also made up of two extremes which are *Active* or *Passive*. Figure 3 (page 49) below is a revised version by the researcher of the model of service users and carers' involvement in students' education described by Chambers and Hickey (2012). Although, this model is applicable in health and social care education, it is not the chosen model in this study. This is because the description provided is ambiguous and what constitute an active or passive continuum is not made explicit. Therefore, it makes classifying service users and carers involvement vague and problematic.

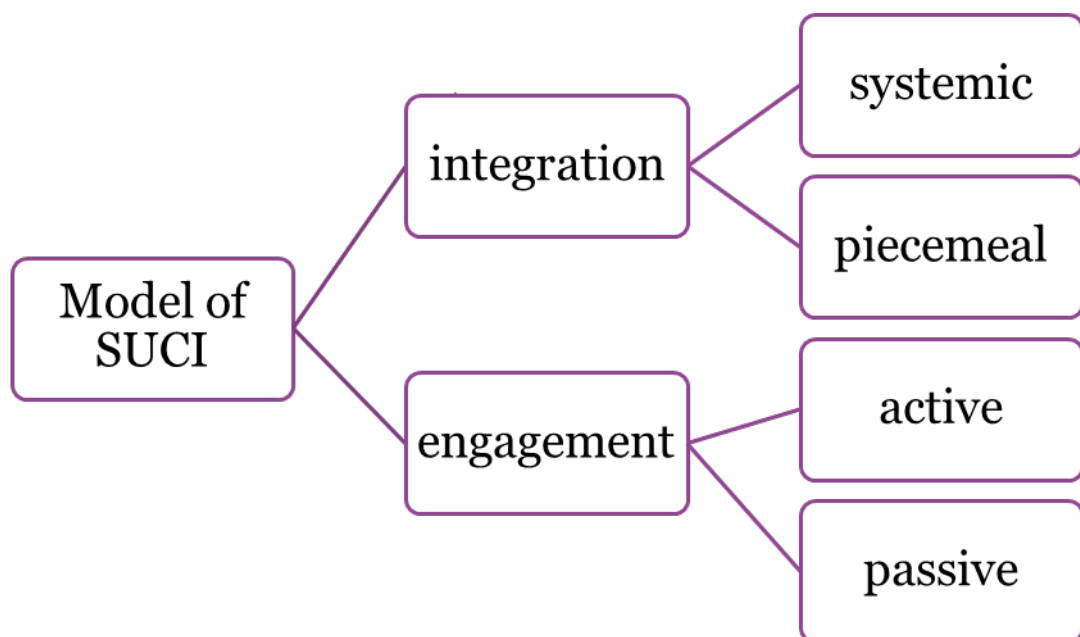


Figure 3: Revised version of Chambers and Hickey (2012) service user model by the researcher

The Tew, Gell and Foster (2004) model of involvement is the chosen model for this study. It is another well recognised model of service users and carers'

involvement in students' education. It is a five-rung ladder spanning from no involvement to partnership. This model has been selected because it captures essential factors that give an indication of whether involvement is meaningful or not. These factors are: the scope of involvement; the inclusiveness of service users' involvement; the extent to which service users and carers are trained and supported; and the employment or contracting system utilised in paying service users. The scope of involvement is described based on the number of education activities service users and carers participate. The inclusiveness of involvement is based on the extent to which service users and carers are incorporated into the educational activities.

It is a well-known model used and accepted by many educationalists. This is because the integration of service users and carers' involvement into education planning and delivery is easily delineated (McCutcheon and Gormley, 2014). Furthermore, each ladder of the model can be measured and the level of involvement by an organisation can be easily fitted into a level on the ladder. Thus, it gives a clear-cut description of involvement and quantifies involvement. More so, it recognises that service users and carers' involvement is a collaborative effort, rather than an activity that causes a power shift or power imbalance. Figure 4 (page 52) shows the Tew, Gell and Foster (2004) ladder of involvement.

One of the criticisms of the Tew, Gell and Foster (2004) model is that a systemic approach which is the highest level in the continuum or ladder rarely occurs. This is because service users and carers' involvement over the years have been passive or piecemeal (Livingston and Cooper, 2004; Chambers and Hickey, 2012). For instance, only one documented study is known to have carried out systemic involvement in students' education (McKeown *et al.*, 2012). However, an evaluation of the outcome of service users and carers' involvement was not reported, nor did it account for the views of staff and students about involvement. Nevertheless, the study did highlight several benefits of service users and carers' involvement to the service users and carers, community, and the academic environment. This explains why Webber

and Robinson (2012) indicated that meaningful involvement can still take place at the lower levels of these models and that service users and carers are powerful influences in students' education. This model will be applied to the current scope of involvement within the study settings and the impact on the three main stakeholders will be reported.

LADDER OF INVOLVEMENT

LEVEL 1: ▼ NO INVOLVEMENT

The curriculum is planned, delivered and managed with no consultation or involvement of service users or carers.

LEVEL 2: ▼ LIMITED INVOLVEMENT

Outreach and liaison with local service user and carer groups. Service users / carers invited to 'tell their story' in a designated slot, and/or be consulted ('when invited') in relation to course planning or management, student selection, student assessment or programme evaluation. Payment offered for their time. No opportunity to participate in shaping the course as a whole.

LEVEL 3: ▼ GROWING INVOLVEMENT

Service users / carers contributing regularly to at least two of the following in relation to a course or module: planning, delivery, student selection, assessment, management or evaluation. Payment for teaching activities at normal visiting lecturer rates. However, key decisions on matters such as curriculum content, learning outcomes or student selection may be made in forums in which service users / carers are not represented. Some support available to contributors before and after sessions, but no consistent programme of training and supervision offered. No discrimination against service users and carers accessing programmes as students.

LEVEL 4: ▼ COLLABORATION

Service users / carers are involved as full team members in at least three of the following in relation to a course or module: planning, delivery, student selection, assessment, management or evaluation. This is underpinned by a statement of values and aspirations. Payment for teaching activities at normal visiting lecturer rates. Service users / carers contributing to key decisions on matters such as curriculum content, style of delivery, learning outcomes, assessment criteria and methods, student selection and evaluation criteria. Facility for service users / carers who are contributing to the programme to meet up together, and regular provision of training, supervision and support. Positive steps to encourage service users and carers to access programmes as students.

LEVEL 5: ▼ PARTNERSHIP

Service users, carers and teaching staff work together systematically and strategically across all areas – and this is underpinned by an explicit statement of partnership values. All key decisions made jointly. Service users and carers involved in the assessment of practice learning. Infrastructure funded and in place to provide induction, support and training to service users and carers. Service users and carers employed as lecturers on secure contracts, or long term contracts established between programmes and independent service user or carer training groups. Positive steps made to encourage service users and carers to join in as participants in learning sessions even if they are not (yet) in a position to achieve qualifications.

Figure 4: Tew, Gell and Foster (2004) ladder of involvement

3.7. DETERMINING THE IMPACT OF SERVICE USERS AND CARERS INVOLVEMENT IN STUDENTS' EDUCATION

The impact of service users and carers' involvement may be explored from a wide range of contexts (Staley, 2009; Popay, Collins and the PiiAF group, 2014). These include: research or research process, stakeholders or participating groups, implementation, and changes to practice. In this study, the impact on the main stakeholders in Adult Nursing and Social work pre-registration degree is explored. Consequently, any impact as a result of implementation and the changes to practices are also reported.

Traditionally, the Kirkpatrick (1967) framework is the bench mark used to evaluate the effectiveness and impact of courses and programmes in students' education. This framework has been used to investigate impact on stakeholders especially students in several education discipline. The framework is made up of 4 levels. Level one is called **REACTION** and it measures learners' reaction to course content, the instructor, environment as well as the learning objectives, materials, and activities. It is the most common level of evaluation carried out as the information needed can easily be obtained from a feedback form and it describes learners' satisfaction. Level two is called **LEARNING** and it measures what has been taught to learners. It measures the acquired knowledge, attitude, and skills. **BEHAVIOUR** is the third level which measures the impact training has on the workplace by trying to ascertain the extent to which the skills and knowledge has been used in the workplace. The fourth level is **RESULT**, where the training is assessed to ascertain if it yielded result. Figure 5 (page 54) shows the Kirkpatrick (1967) framework.

The Kirkpatrick Four Levels

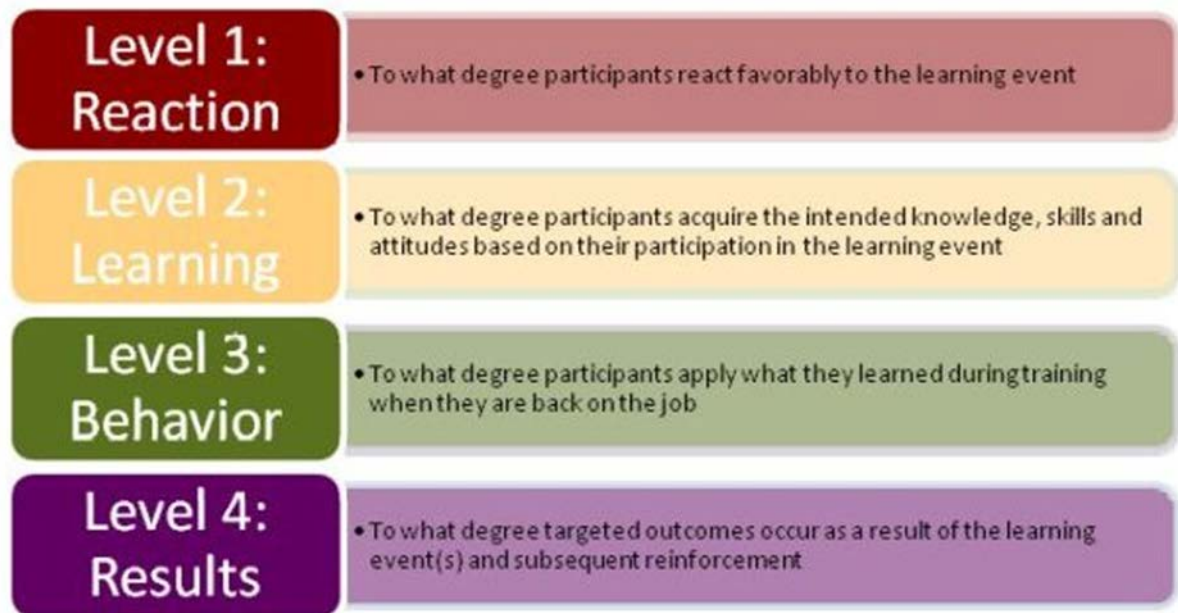


Figure 5: Kirkpatrick (1967) framework

Studies that have attempted to evaluate the impact of service users and carers' involvement in students' education have been measured using the Kirkpatrick (1967) framework. Several authors have modified this framework to indicate some of the expected outcome of involvement on the stakeholders in education. One of such modification is the Robinson and Webber (2013) version which is adapted from Carpenter (2005) and Morgan and Jones (2009) versions. Figure 6 (page 55) shows the Robinson and Webber (2013) modification of Kirkpatrick framework used to evaluate the impact of service users and carers' involvement in students' education.

Level 1a	Learner perceptions	Students' views on their learning experience and satisfaction with the training
Level 1b	Service user or carer perceptions	Service user or carer views on their involvement experience
Level 1c	Staff perceptions	Staff views on involving service users or carers
Level 2a	Modification in attitudes and perceptions	A measured change in attitudes or perceptions towards service users or carers, their problems, needs, circumstances or care
Level 2b	Acquisition of knowledge and skills	A measured change in understanding the concepts, procedures and principles of working with service users or carers, and the acquisition of thinking/ problem solving, assessment and intervention skills
Level 3a	Changes in behaviour	Observation of whether the newly acquired knowledge, skills and attitudes are evident in the practice of the social worker
Level 3b	Changes in organisational practice	Observation of wider changes in the organisation/ delivery of care, attributable to service user or carer involvement in an educational programme
Level 4	Benefits to users and carers	Assessment as to whether there is a tangible difference to the well-being and quality-of-life of service users or carers who receive social work services

Figure 6: Robinson and Webber (2013) modification of the Kirkpatrick (1967) framework

Although, this framework is very popular amongst researchers and educationalist, however, it will not be utilised in this study. This is due to the inherent weakness of the framework which leaves researchers with the notion that subsequent levels are more valuable than preceding levels and also that success of each level consequently impacts on the previous level (Alliger and Janak, 1989). Additionally, this framework is quite challenging and studies utilising this framework tend to only attempt the first two levels (Holton 1996). This is equally reflected in the evaluation of service users and carers involvement in students' education because many of the studies that have evaluated its impact have achieved the level 1 and 2 of this framework (McKeown, Downe, and Mahili-Shoja, 2010; Morgan and Jones, 2009). These authors stated that a change in attitude and behaviour in clinical and social

settings (level 3) and impact on educational bodies and the wider community (level 4) is rarely reported.

Furthermore, this framework could be limiting the expected outcome of service users and carers' involvement in students' education. A look at Robinson and Webber (2013) version indicates that the framework does not focus on the expected impact on the three main stakeholders leaving researchers with the notion that students and service users and carers are the only beneficiaries of service users and carers' involvement in students' education. Moreover, the use of this framework could result in researchers emphasising more of the positive impact of involvement and its potentials of improving education, thereby leaving out the negative impact (Staley, 2009; Staniszewka *et al.* 2011a).

Popay, Collins and the PiiAF group (2014) also proposed a framework to assess the impact of involvement in health and social care research. This is the Public Involvement Impact Assessment Framework (PiiAF). It has five main elements, which are: values, approaches to involvement, research focus and study design, practical issues, and impact of involvement. This framework is not utilised in this study. This is due to it focusing on exploring the impact of service users and carers' involvement on research or the research process rather than the impact on the stakeholders, which is the focus of this study. Furthermore, the authors recognise that this framework is not straightforward and suggested using an approach that explicitly states the impact of involvement.

The pragmatic framework is the theoretical framework utilised in this study. This framework allowed a robust assessment of the impact of involvement in Adult nursing and Social work to be carried out. It presented a flexible approach to explore the impact of involvement by taking into cognisance, the aims of the study, the individuals being studied, the context and the process in which involvement took place. This is discussed further in chapter 4 (methodology). Thus, the use of this framework provided a holistic view of the impact of service users and carers' involvement outlining both its intended and non-intended

outcomes in HE. Further details of this framework are covered in the chapter 4 (methodology).

3.8. GAPS IN KNOWLEDGE AND JUSTIFICATION OF THIS STUDY

The knowledge about service users and carers' involvement in health and social care students' education is fast expanding. However, there are gaps in the literature about it in Social Work and especially in Adult Nursing pre-registration degrees. For instance, Scammell, Heaslip and Crowley (2015) systematic review revealed that there are few studies that focused on involvement in Adult Nursing degree. It has been stated that majority of the studies on Nursing degree are usually from the Mental Health Nursing branch (McCutcheon and Gormley, 2014; Scammell, Heaslip and Crowley, 2015). This explains why Scammell, Heaslip and Crowley (2015) indicated that the extent of involvement in Adult Nursing degree needs to be reported. These authors in their systematic review indicated that only four studies were recorded as having service users and carers' involvement in this degree.

Researchers have reported that there are limited number of studies that have reported the outcome of service users and carers' involvement in both Adult Nursing and Social Work degree programmes (Rhodes 2012; Robinson and Webber, 2013; Webber and Robinson 2012; McCutcheon and Gormley, 2014; Scammell, Heaslip and Crowley, 2015). Furthermore, researchers are seeking evidence of the impact on students practice in health and social care settings. Particularly, studies have focused on the beneficial outcomes and little is reported about the negative impact (Staniszewka *et al.*, 2011a; Staley, 2009). Moreover, there is paucity of studies that have evaluated the impact of service users and carers' involvement on academic staff. Although, some studies have reported academic staff perceptions in students' education, nevertheless

literature about the outcomes (both positive and negative) to staff remains scarce.

As indicated previously ([section 3.2](#)), the few studies that have evaluated the impact of service users and carers' involvement are small scale qualitative studies. This study will therefore explore the impact of service users and carers' involvement in Social Work and Adult Nursing pre-registration degree from tripartite perspectives of the three main stakeholders in HE using a mixed method design. This will facilitate exploration of all possible outcomes (both negative and positive impacts) on all stakeholders from a tripartite perspective taking into consideration the current context and process of involvement of the study setting. Further details of the rationale of selecting a mixed method design for this study is covered in Chapter 4 (methodology) of this study.

3.9. SUMMARY

This chapter has presented the current knowledge about service users and carers' involvement in Adult Nursing and Social Work degree. The literature search strategy was described, and the three main influencers of involvement were identified, which are: Government policies, health and social care professional and regulatory requirements as well as service users, public and societal expectations. Thereafter, the benefits and drawbacks of SUCI were discussed. Various models described in literature were discussed and the justification for selecting Tew, Gell and Foster (2004) Model was given within this chapter. The Kirkpatrick framework, which is the most common theoretical framework used for evaluating interventions in education was examined and the rationale for not employing this framework was discussed.

The justification of the choice of the pragmatic framework and mixed method as the theoretical framework and methodology used in this study was provided and further details are covered in chapter 4 (Methodology). This chapter ends by presenting the current gap in knowledge about service users and carers'

involvement in Adult Nursing and Social Work degree, which are the need to explore involvement in Adult Nursing degree, its impact in both Adult Nursing and Social work pre-registration degrees and the need to use a methodology that will obtain a rich and well-rounded views of the perceived impact on all stakeholders. All in all, this justifies the aim of this study which is to explore the impact of service users and carers' involvement in both degrees using tripartite perspectives of the main stakeholders in Higher Education.

CHAPTER 4

DESIGN AND METHODOLOGY

4.1. INTRODUCTION

This chapter describes the design and methodology used in the study and gives the rationale for the choices made. In the previous chapter, existing literature on Service User and Carers Involvement (SUCI) in Adult Nursing and Social Work pre-registration degrees was reviewed and a justification for this research was provided. I begin this chapter by exploring the context the research question was formulated and stating the need for a worldview shift. This ultimately influenced the choice of the pragmatic theoretical framework and the use of mixed method research approach in this study. This chapter continues with a description of the data collection procedures, the population, data analysis technique, ethical considerations, access, pilot study and trustworthiness of this study. This chapter is written in the first and third person respectively in accordance with the method being described and whether the information is a personal reflection or a factual statement.

4.2. DEVELOPING THE RESEARCH DESIGN

This section explores how the research questions led to the choice of the research design employed in this study. In the introduction chapter, the aim and research questions for this study were stated. The research questions are:

- How does exposure to active service users and carers' involvement impact on the three main stakeholders involved in Adult Nursing and Social Work pre-registration degrees in Higher Education?

- What factors optimises or limits the intended beneficial effects of service users and carers' involvement in students' education and learning?

PLOWRIGHT CONTEXT

Plowright's (2011) five main contexts are used to describe how the research questions were formulated in this study. These contexts are: professional, organisational, policy, national and theoretical.

Professional Context

I have studied health and health related professional courses in my undergraduate and postgraduate degree. My experience of service users was mainly as teaching, or assessment aids as opposed to the participative approach under investigation. I remember that I and my colleagues were often very nervous on the first day of any clinical placement. Although we had often been told what to expect for each placement, nevertheless, we often wished we could understand the patients' perspectives as part of our preparation for going into clinical placements. We did wonder what patients' views of the professionals will be if given the opportunity to voice their opinions. This curiosity to have a platform where patients can share their experiences, voice their concerns, and get clarifications in scenarios where things had gone wrong never left me. This explains why I am highly interested in conducting a research which explores service users and carers' involvement in students' education.

When the opportunity to apply for a funded PhD scholarship at the university to study *"the impact of service users and carers' in health students' professional education"* presented itself, I immediately grasped it. During preparation for the selection process of the funded PhD, I realised that this sort of research would also afford me the opportunity to investigate the views of all the stakeholders

involved (students, service users and carers and the teaching staff). This further heightened my passion to undertake this research and led to my aim to seek a more holistic view of the impact of SUCI in students' education than had previously been reported.

Organisational Context

The organisation (University of Wolverhampton) where this research was conducted had evidence of service users and carers involvement in some courses dating back to year 2005/6. The Social Work programme was the first to adopt it. In Nursing, Mental Health Nursing was the first to engage service users and carers (year 2006/7). However, it was not until 2010 that the other fields of nursing pre-registration programmes formally adopted it. The adoption and implementation of a school wide service users and carers involvement strategy marked this holistic and more coordinated approach. Prior to it being established within the School of Health and Wellbeing (Now the Faculty of Education, Health and Wellbeing since 2013), Service users and carers involvement was only carried out by a few passionate lecturers in some fields of Nursing. However, it became formalised within the Adult Nursing degree around the year 2011/12 within the university. Currently, almost all pre, and post registration degrees within the Faculty carry out involvement and some courses outside the Faculty of Education, Health and Wellbeing (FEHW), such as: paramedics and pharmacy are also engaging service users in their course content.

Prior to conducting this research study, no systematic evaluation of involvement had been conducted in the university. Evaluation available at that time was the occasional post-session feedback from students and service users and the 'thank you' from staff and students. This study was developed in order to systematically explore the impact of involvement as it was practiced in the year 2014/15 and to investigate if it was achieving its intended outcomes and to determine best practices. It was believed that the findings will inform the

development of involvement both in the University and in the wider context of health and social care professionals' education. Specifically, it was hoped that the findings would help recognise the benefits and identify areas that require improvement as well as indicate ways of optimising the efficacy and cost efficiency of involvement in the context of pre-registration health and social care professional education in Higher Education (HE).

National and Policy Context

As indicated within the literature review, government policies and certain health and social care Professional Regulatory and Statutory Bodies (PRSBs) had either required or recommended the implementation of involvement in pre-registration education in the United Kingdom (UK). For this reason, the findings and recommendations from this study is aimed to inform policy makers, government, PRSBs and researchers both within this country and other countries of its impact and methods of optimising these beneficial outcomes.

The funding for this PhD study was from the Higher Education Academy (HEAcademy). This organisation is interested in best practice approaches that promote learning in Higher education. The HEAcademy organisation just like the policy makers, government and PRSBs are interested in identifying all possible ways of optimising the beneficial outcomes of the service users and carers' involvement in health and social professional education in HE.

Theoretical Context

The theoretical context of this research based on the literature review carried out in the previous chapter emphasises the need to explore the impact of service users and carers' involvement in Adult Nursing and Social Work pre-registration degree. This is because there are currently few studies that have explored its impact in these two degrees. Furthermore, many of these studies

have not explored this impact from the perspectives of all three main stakeholders in HE.

PARADIGM SHIFT

In considering the context of the research questions, it became apparent that I needed to move from my previous nature of reality (Ontology) and theory of knowledge (Epistemology) to embrace a technique (methodology) to address the research problem of this study. This change in worldview is in line with Parahoo (2006) opinion that, it is the research question that ultimately determines the appropriate research methodology.

Prior to commencing my doctorate programme, I was confident and competent in the use of quantitative methods as both my undergraduate and master's degree dissertation utilised this approach. Thus, my passion for quantitative methods outweighs the love for qualitative research. Another contributory factor stem from the result driven society, particularly, in the health and social care sector the term "evidence-based" has become rooted in the use of figures and statistics as proof. This is based on the peculiarities of this sector in dealing with the lives of individuals (Muncey, 2009). Figures and statistics are used as indicators to identify what works best. Before commencing my doctoral degree, I had a vague idea of what qualitative research entailed. My idea of Qualitative research was that it was mainly used to generate understanding of fresh and untested research areas. I assumed that the themes generated from qualitative study are used to generate theories and hypothesis which are subsequently used in conducting quantitative research in the future. Overall, my worldview favoured more of the positivist philosophical assumption.

Research about service users and carers' involvement in health and social care education is inevitably focused on the experiences of people. In particular, it involves individuals who are: vulnerable, living with long term social care problems, diagnosed with chronic health conditions, or their families and friends

acting as carers caring for such individuals. For these reasons, a constructivist philosophical assumption which holds that there are multiple explanations of reality which are dependent on study participants' views was appropriate for this aspect of the study (Polit and Beck, 2010). However, in exploring the impact of SUCI in students' education, it was recognised that there was a need to provide contextual information about the participants and service users and carers' involvement at the research site. This is the reason factual information about the participants and the current nature of the involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection and characteristics that may influence or affect the impact of involvement were gathered.

Considering the study aims, research questions and context, it was apparent that either a purely constructivist or positivist philosophical assumption alone could potentially limit the possible outcomes that would emerge from this research. For these reasons, it was necessary to let go of previous worldview or paradigms and focus more on the research problem as suggested by Tashakkori and Teddlie (2003) as well as Patton (1988). Additionally, consideration of some of the factors identified by Wellington *et al.*, (2005) such as the resources and time limitation of this proposed study promoted a pragmatic approach.

The pragmatic paradigm is unique as it does not allow any previous paradigm to decide the choice of a suitable methodology. Rather, as Morgan (2007) and Patton (1990) pointed out, the pragmatic paradigm aims to explore the research problem as well as proffer numerous methods in solving the research problem. As a researcher, my priority was to find a practical way to identify the impact and outcomes of active SUCI in students' in the context of pre-registration higher education. The pragmatic framework is associated with pragmatic paradigm and underpins mixed methods methodology (Tashakkori and Teddlie, 2003). This therefore, led to the use of the pragmatic framework as the theoretical framework for this study.

4.3. PRAGMATIC FRAMEWORK

Pragmatic Framework was selected as the theoretical framework underpinning this study. Polit and Beck (2010) describes a theoretical framework as a structure which presents the processes and activities that aids understanding of the phenomenon of interest. These authors further highlighted that theoretical framework helps to highlight the researcher's assumption and philosophical views in addressing the research problem. Plowright (2011) simply refers to a theoretical framework as a guide that helps the researcher all through the research process.

The pragmatic framework is also known as an integrated framework whose structure affords the researcher the ability to be more flexible, open-minded, and responsive in addressing research questions and proffering solutions to research problems (Plowright, 2011). This framework best suits this research as currently there are no known theoretical framework that adequately conceptualise SUCI in health and social care (Staniszewka *et al.*, 2011b). Hence, this provided the opportunity to utilise all possible research methods to arrive at solutions to the research questions of this study (Creswell 2009). Furthermore, many studies have highlighted that the pragmatic framework takes into consideration the many contexts (social, historical, policy, theoretical, professional, national and many more) research questions are formulated (Cherryholmes, 1992; Morgan, 2007; Plowright 2011). Thus, this framework helped to generate robust research outcomes.

In view of the research aim of this study to arrive at a robust evidence-based exploration of the impact of service users and carers involvement in Adult Nursing and Social Work pre-registration degree from a tripartite perspective of the three main stakeholders, there was a need to triangulate data sources, perspectives, and methodologies. Thus, the pragmatic framework was chosen as the theoretical framework for this research.

The choice of pragmatic framework is based on its ability to allow integration of two essential methodological approaches, both qualitative and quantitative

approach to address the research questions. Thus, it helped to generate robust research outcomes and deeper understanding of the impact of service users and carers involvement. Additionally, the pragmatic framework gave the flexibility needed to utilise a method that allows participants express their views and experiences of involvement in higher education, especially in Adult Nursing and Social Work degree programmes. Also, it helped incorporate an approach to provide contextual information about the participants and service users and carers' involvement. Thus, the pragmatic framework was useful in providing a holistic view of how it impacts on all three main stakeholders. Additionally, it identified characteristics and factors that contributed to the uptake and its impact in students' education outlining all its beneficial outcomes and disadvantages to all stakeholders.

The flexibility of pragmatic framework is popularly viewed as advantageous. However, Evans, Coon and Ume (2011) as well as Hesse-Biber (2015) have suggested that the flexibility of the pragmatic framework is equally a drawback. These authors stated that the flexibility of the pragmatic framework makes it difficult for other researchers to model such studies due to the lack of established guidelines. Furthermore, Kvale (1996) makes clear that, there is a tendency for the researcher utilising the pragmatic framework to be subjective, thereby, picking what is deemed as more applicable to the research problems due to this framework based on 'what works'. Smith *et al.*, (2012) equally shares this opinion stating that the subjectivity of this framework to utilise all forms of research methods available sometimes questions the trustworthiness, validity, and credibility of such studies. Lipscomb (2008) concluded that this framework often raises uncertainty about the authenticity of mixed methods design, implementation, and reporting.

To minimise the limitations outlined above, I followed Hesse-Biber (2015) recommendation that the researcher should be critically reflective of the research problem. Critical reflection is achieved when the researcher indicates their world view about the phenomenon being studied, why the research question is the focus of the study and why other research paradigms do not

adequately address the research question. Furthermore, Hesse-Biber (2015) highlighted that the different context in which the research was formulated needs to be stated clearly so that other researchers are made aware of the justification for the choice of methodology.

Therefore, in justifying my choice of pragmatic framework, I have been critically reflective by highlighting the entire contexts in which this research aims, and questions were formulated. My previous assumptions about service users and carers involvement have been outlined and a need for a world view shift has been explained earlier in this chapter. Overall, the pragmatic framework remains the best choice for this study as other frameworks are not sufficient to address the research questions. In addition, the use of the pragmatic framework provided the freedom to use all available methods to clarify details and cross-validate findings thereby generating robust findings of its impacts in Adult Nursing and Social Work pre-registration degrees. Furthermore, how I have ensured trustworthiness in this study will be discussed in detail later ([section 4.11](#)) in this chapter.

4.4. MIXED METHOD DESIGN

The concurrent embedded mixed method design was employed in this study. It is also referred to as nested design (Creswell 2009). Mixed methods approach was selected based on its ability to address the research questions. Additionally, this approach was used because it is highly advantageous and a more inclusive way of generating evidence by overcoming the weakness of using either qualitative or quantitative approaches (Creswell and Plano Clark, 2007). Furthermore, it is a more realistic way of studying a research problem because the researcher can effectively combine the use of qualitative and quantitative approaches as deemed effective (Creswell and Plano Clark, 2007). Thus, the researcher is being pragmatic in using all available approaches to

understand a research problem and arrive at a solution rather than being entirely committed to one approach.

The rationale for adopting mixed method was further supported by Halcomb and Hickman (2015) justifications and recommendations of selecting mixed methods approach. These authors outlined some core considerations that guide researchers in their decision to conducting mixed methods research. These are: the research question, philosophical approach, characteristics of the mixed methods designs, skills required, project management and demonstrating rigour.

As previously indicated, two research questions were formulated for this study. These two research questions require multiple perspectives to gain a proper understanding of service users and carers involvement in Adult Nursing and Social Work pre-registration degrees. Qualitative approach was utilised to explore the views and experiences of all main stakeholders. Quantitative approach was used to provide contextual information about participants and to give an overview of the current nature of involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection. The pragmatic approach was the chosen philosophical approach underpinning this study. The rationale for selecting this approach has been discussed earlier.

The concurrent embedded design was the chosen design used in this study. This is because it involves one form of data set as the major form and the other simply playing a subservient and supportive role (Creswell *et al.*, 2003). Also, it was used because one form of data collection method will be inadequate to answer the research question or understand the phenomenon under study (Creswell and Plano Clark, 2007).

This design best suits this research because qualitative data collection method in the form of semi-structured interviews and focus groups were the main methods used in the study. The questionnaire completed at the end of the semi-structured interview and focus groups were used to support the findings of the

qualitative data sets. Additionally, the rationale for selecting the embedded design is that the qualitative data was used to explore participants' perspectives views of the perceived impact of involvement in Adult Nursing and Social Work pre-registration programmes. The quantitative data provided contextual information about the participants and service users and carers' involvement. Moreover, mixed method allowed the perceived impact of involvement to be considered within the context (conditions and environment involvement took place) and process (level of involvement, who is involved, and activities involvement takes place). Thus, it provided a broader perspective of the impact and contributory factors to the impact of involvement (Brett *et al.*, 2012).

Furthermore, the choice of concurrent embedded mixed method design was guided by the three essential factors pointed out by Creswell and Plano-clark (2007) required in selecting a mixed method design. These factors are: timing, weighting and mixing decision. Also, Creswell (2014b) indicated that the forms of data collections, data analysis, interpretation and validity also determine the choice of mixed methods design selected by a researcher. Data collection, data analysis, interpretation and validity are discussed later in this chapter.

Timing decision refers to data collection sequencing and this might be concurrent or sequential (Morse 1991; Creswell 2009; Halcomb and Hickman, 2015). The timing decision for this research was the concurrent timing where both qualitative and quantitative are gathered at the same time. This is because the quantitative data was collected to complement the findings of the qualitative data. Furthermore, the use of a concurrent design helped save time which was essential for successful data collection in this study. For instance, the Adult Nursing and Social Work degrees both comprise of a taught and practice element. This practice element usually takes place outside the university environment. Thus, contact time with students in the university is limited and revisiting participants may not be feasible. Also, access to academic staff participants had to fit into their busy schedules. Overall, concurrently gathering both qualitative and quantitative data helped me save time and drop-out of participants.

The weighting decision represents the priority of a method to address the research problem (Morgan 1998a; Creswell 2009; Halcomb and Hickman, 2015).). The weighting decision could be equal priority or unequal in which a method could be considered more important. The unequal weighting decision was the choice in this study as greater priority was placed on the qualitative methods exploring the impact of active service users and carers' involvement from three main stakeholders' perspectives. Quantitative data played a supportive role and was used to provide contextual information about the participants and service users and carers' involvement at the research site.

Creswell (2009) indicated that mixing decision tells which stages of the research are mixed. Kroll and Neri (2009) as well as Creswell (2009) highlighted that mixing of data can occur at different stages such as: research question, philosophy, data collection, analysis, and interpretation. In this present study, mixing of both qualitative and quantitative method occurred at the research question, philosophical approach, data collection and analysis and interpretation stage. Creswell and Plano Clark (2007) pointed out that mixing decision also refers to how both qualitative and quantitative methods will be combined, and three forms of mixing decision have been identified, these are: merged, embedded, or connected. Merged data set involves amalgamating both data sets during data analysis or interpretation stage. The merged mixing decision was the choice in this present study. This is because quantitative and qualitative data are collected concurrently, and analysis done separately with mixing occurring at the interpretation phase. It should also be noted that the quantitative data played a supplementary role as they provided additional information and research outcomes.

Morse (1991) developed a notation system that helps to easily convey information about mixed methods design where “+” refers to scenarios where both qualitative and quantitative methods are used simultaneously, “→” signifies scenarios where methods occurs in sequence and uppercase to indicate the method which takes priority. Plano Clark (2005) added the “()” symbol to the notation system to show that one method is embedded within

another. Using the mixed method notation system, the notation for this study is **QUAL(quan)**, which indicates that the concurrent embedded design is the choice for this study with qualitative method given more priority and quantitative data are add-ons.

Creswell (2014a) states that collecting and analysing both qualitative and quantitative data could be problematic, requiring the researcher to be trained and competent in the use of both approaches. Bearing in mind this problem associated with conducting a mixed method research. I had training on qualitative research to become confident and competent in its use. Additionally, my supervisory team is also a balanced team with both supervisors highly skilled and knowledgeable in each research approach. Thus, I received the necessary support and guidance required to successfully conduct this study.

Watson *et al.*, (2008) highlights that mixed methods research are time consuming and resource intensive. This is a three-year full time sponsored PhD and the second year of my doctoral programme was dedicated for data collection and analysis. The available resources and allotted time for data collection and analysis was sufficient to generate the robust data needed to address the research question.

In demonstrating rigour, Creswell and Plano Clark (2011) suggestion of utilising the criteria required for each methodological approach was adopted and details are found within the 'trustworthiness of this study' section ([section 4.11](#)) later in the chapter. Additionally, I have taken on board Lavelle, Vuk and Barber's (2013) recommendation to ensure rigour in mixed research by giving a clear indication of the choices and justifying each decision taken within this research process.

The next two sub-sections present an overview of the qualitative and quantitative design used. This is for clarity purposes and to justify the choice of the qualitative and quantitative approach used within the mixed methods design of this study. Figure 7 (page 73) gives a pictorial illustration of the research design, methodology and methods employed in this study.

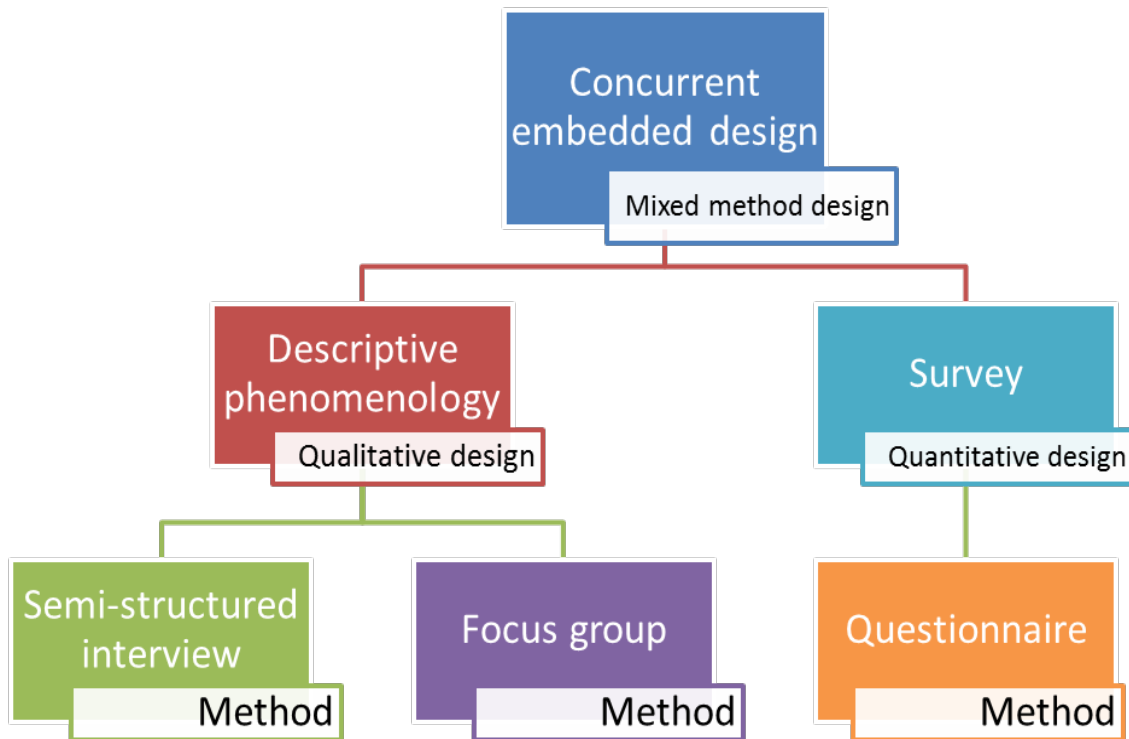


Figure 7: pictorial illustration of the research design, methodology and methods employed in this study

1. QUALITATIVE DESIGN

Descriptive phenomenology was the chosen qualitative methodology for this study. This is because phenomenology is both a philosophy and method of inquiring that aims to generate deeper understanding of a phenomenon, idea, or concept (Dowling, 2007; Abalos *et al.*, 2016). Phenomenology studies essence

of a phenomenon, idea, or concept in question through the lived experiences of an individual (Lauer, 1958; Creswell, 2013).

Descriptive phenomenology was considered appropriate for this study as it provides an understanding of the lived experience of the participants. In this study, the phenomenon of interest is service users and carers' involvement in Adult Nursing and Social Work pre-registration degrees. Exploration of views is via a tripartite perspective of the three main stakeholders in Higher education. The three main stakeholders are: service users and carers, academic staff, and students. All three main stakeholders had participated in service users and carers' involvement in various ways and exploration of their different perspectives was used to generate a holistic view of SUCI.

Descriptive phenomenology is a type of phenomenology that pays more attention to exploring and explaining a phenomenon mainly from the perspectives of the participants with an attempt to exempt the researcher view (Crotty, 1996; Watson *et al.*, 2008; Polit and Beck, 2010). It aims to lay aside the assumptions, beliefs, and biases about a phenomenon (Speziale and Carpenter, 2007; Christensen, Welch and Barr, 2017). This process of lay aside any assumption, beliefs and biases about a phenomenon is referred to as ***bracketing*** or ***epoche*** or ***phenomenological reduction***.

For these reasons, bracketing was employed in this study with the aim of laying aside any assumptions, beliefs and biases, prejudices and personal interpretation of service users and carers' involvement in Social work and nursing pre-registration programme with the intention of allowing the phenomenon studied reflective of the participants' views (Moustakas, 1994; Dowling 2007; Speziale and Carpenter, 2007; Watson *et al.*, 2008; Polit and Beck, 2010; Creswell 2013). Thus, bracketing was used in this study because it allowed the findings of this study to speak for itself (Watson *et al.*, 2008). It is a distinctive feature that differentiates the two main types of phenomenology and it is a unique feature of descriptive (or Husserlian) phenomenology (Watson *et al.*, 2008; Polit and Beck, 2010).

It has been indicated that one of the drawbacks of phenomenology research is the challenge of identifying participants with lived experience of the phenomenon being studied (Creswell, 2013). This explains why the inclusion criteria and recruitment process have been geared towards ensuring that individuals with lived experiences of SUCI at the university are the study participants. Details of the inclusion criteria and recruitment procedure for this study are discussed later in this chapter.

ACHIEVING BRACKETING

Polkinghorne (1983) described 2 stages of achieving bracketing and these are: freeing imaginative variation and intentional analysis. Freeing imagination is described as a mental exercise in which an individual imaginatively alters different aspects of the phenomenon in order to identify aspects that are essential or not to the phenomenon (Dowling 2007). Freeing imaginative variation was achieved by laying asides my preconceived ideas about service users and carers' involvement in students' education and allowing the phenomenon to speak for itself (Polkinghorne, 1983; Morse 1994). Achieving this consequently led to identifying the 'essence' of this study. Van Manen (1990) describes essence as the essential element of a phenomenon without which the phenomenon will not exist. In this study, the essence of the study is the lived-experience of service users and carers within the Higher Education settings.

Polkinghorne (1983) makes clear that intentional analysis is achieved when the researcher focuses on the phenomenon studied and described the phenomenon from the participants' viewpoints I carried out intentional analysis by allowing service users and carers' involvement in Social work and nursing pre-registration programme to be understood directly from the perspectives of the participants (Polkinghorne, 1983; Morse 1994).

I discovered that I had formed meanings and definitions of service users and carers' involvement based on my past experiences, personal interest, academic sources, and the media. My experience of service users and carers involvement in education was during my undergraduate degree in Nigeria. As a dental student, I encountered service users and their carers within the clinical settings. Service users were used to teach clinical skills and occasionally told to simulate scenarios or conditions to aid students learning and assessment. I cannot be regarded as a service user based on definition of a service users previously highlighted in section 2.2 ([section 2.2](#)). At some points in my life, I have cared for a friend or family member while they were ill. I can be classed as a student as I am studying towards a PhD degree. I can also be regarded as a member of staff because I lecture both undergraduate and postgraduate student.

All these experiences initially made bracketing my interpretation of service users and carers' involvement difficult as I thought about the perspectives of students, carers, service users and staff. The difficulty in bracketing one's own interpretation of a phenomenon of interest is often acknowledged amongst researchers (Beck, 1994; Moustakas 1994; Dowling 2007; Creswell 2013). This explains why I used Moustakas (1994) as well as Koch and Harrington (1998) suggestion to first narrate my interpretation of the concept or phenomenon by being reflective all through this chapter before gathering the lived experiences of participants. The use of a reflexive journal was helpful throughout the process to record my values, interest, assumptions, understanding and evaluation of service users and carers' involvement (Ahern 1999)

I decided to use Rolls and Relf (2004) suggestion of an advisory group to engage with the research process in order to ensure that this research is reflective of participants' views and achieves intentional analysis. I also used Drew's (2004) suggestion of engaging a 'bracketing facilitator' in this study. The bracketing facilitators were my supervisory team as they helped ensure that my data collection tools were appropriate to capture participants' views and my interpretation of the findings of this study were reflective of the participants' views. Furthermore, during data collection and analysis, I recorded any ideas

and thoughts using tape recordings and transcripts in my journal to aid bracketing and the reflective process. As pointed out by Rolls and Relf (2004) the use of a reflexive journal may not be sufficient in bracketing one's own view as the researcher may have some unconscious views about a phenomenon and this can be made visible by having individuals who can provide advice and guidance. This explains why an advisory group was set up within this study.

ADVISORY GROUP

My aim was to have an advisory group (which is also known as a reference group) made up of 5-7 service users and carers who are not members of the SUCCESS team but are aware of the issues relating to service users and carers involvement. This is in line with Heron and Reason (2001) open boundary participatory approach whereby members of the advisory group assist and direct the research process but are not participants of the study. I intended to recruit the service users and carers from a group outside the university. The role of the advisory group was to provide their opinions and assist in some aspects of the research process such as the research materials, pilot study findings and data analysis. It is assumed that they will help co-create the data collection instruments in order to make it appropriate and service users relevant (Brett *et al.*, 2012). Equally, their contribution to the pilot study and data analysis will ensure that wording of the questions, duration of carrying out data collection and interpretation of findings had service users and carers' perspectives (Brett *et al.*, 2012).

The plan was to meet with the advisory group over 3 sessions. The first session would be prior to data collection to help shape the data collection materials. The second session was to be after pilot study to discuss the initial findings and identify any necessary adjustments required on data collection material. The third session would be after data analysis to verify the findings. The use of an

advisory group has been shown to increase objectivity and the reflective capacity of the researcher (Rolls and Relf, 2004). Moreover, it buttresses the ethos of the study by strengthening and promoting the voices of the service users and carers in all aspect of the study (Wright *et al.*, 2006). It also helped me to have a broad and not biased perspective of the impact of active service users and carers' involvement in Adult Nursing and Social Work pre-registration programme, thereby, increasing the credibility of this study (Popay, Collins and the PiiAF group, 2014).

Over the duration of the study, it proved impossible to have a consistent advisory group; rather, different groups were used for each stage of the research. This is majorly as a result of the motivation of the potential members (*more details are covered in the access subsection in [section 4.7](#)*). Popay, Collins and the PiiAF group (2014) have rightly indicated that the motivation of participants in service users and carers' involvement greatly affects its impacts. Moreover, the difficulties experienced in this study are in line with the findings of Rolls and Relf (2004) about the use of an advisory group, such as role tension and the need for the advisory group to equally bracket their view. These concerns are discussed in detail within the 'ethical consideration' section later in this chapter (see [section 4.7](#)). Despite this, each advisory group utilised at various stages of this research were useful in giving a critical view.

2. QUANTITATIVE DESIGN

The quantitative design was used to set the context of the study to inform the qualitative design. Survey was the chosen quantitative design. This choice is based on its ability to give a numeric description when studying trends, attitudes and opinions of study participants (Creswell, 2009). It was used in this study as supplementary design to provide contextual information about the participants and service users and carers' involvement in the research site. In particular, it

provided factual information about the participants and the current nature of the involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection and the characteristics that may influence or affect the impact of involvement.

The survey design is widely criticised for not generating in-depth knowledge about specific subject matters (Bryman, 2008; Babbie 1990). This study is primarily about understanding and reflecting on the perceptions of individuals involved in service users and carers involvement. Thus, there is a need for a mixed method design involving qualitative and quantitative methods. Survey design on its own will not generate an understanding of the perception of the impact of service users and carers involvement in the context of the pre-registration learning in a university setting and this explains why a mixed method approach has been selected for this study.

4.5. STUDY SETTING

This study took place in a specified period in one university. Specifically, data was collected between August 2014 and February 2015 within the Faculty of Education, Health, and Wellbeing (FEHW) of the University of Wolverhampton. This faculty is one of the four faculties within the university where postgraduate, undergraduate, continuing education, e-learning, post-registration, and top-up courses are undertaken. There are five institutes within FEHW. The institute of Health Professions and the institute of Public Health, Social Work and Care are the institutes where this study occurred. There are three main departments within the institute of Public Health, Social Work and Care, these are: Public Health and Wellbeing, Social Work and Social Care. There are three main departments within the institute of Health Professions, these are: community health, midwifery, and nursing.

This study focused on Nursing and Social work pre-registration programmes. The Nursing degrees include the four fields of nursing which are: Adult, Mental

health, Child, and Learning disabilities. The Adult Nursing degree is the largest and is delivered across three campuses- City, Walsall and Burton-on Trent and it is a full-time three-year programme. The Social Work degree is also a three-year programme and mostly full time with very few part-time students.

As previously mentioned, service users and carers involvement at this university first started in the Social Work and Mental Health Nursing courses. This can be traced back to the recommendation by the department of Health (DH) in 1999 and 2002 for Mental Health Nursing and Social Work degree respectively (DH 1999b; DH 2002a). Following this, it became a regulatory requirement by the Social Work Professional Regulatory and Statutory Body (PRSBs) and contributed to the early establishment of SUCI in Social Work courses nationally. Later, in 2010, the PRSBs of the four fields of Nursing (The Nursing and Midwifery Council [NMC]) recommended but did not mandate the involvement of service users and carers in nursing education ([NMC, 2010).

Service Users and Carers Involvement (SUCI) was formally introduced in the validation of the Social Work degree in 2006/7 in Wolverhampton as a direct response to the requirement of the Social Work PRSBs. Whereas, in the Adult Nursing degree it was mainly ad-hoc and was carried out by a small number of academic staff who perceived it as a worthy exercise beneficial to students' education until the revalidation of the nursing degree in 2011. Thus, at the time of data collection (Year 2014/15), SUCI was already in its 7 iterations in the Social Work degree but only in its third year in the Adult Nursing degree.

The service user and carer group of the University of Wolverhampton is called SUCCESS (Service Users and Carers Contributing to the Education of Students for Service). The SUCCESS group was formed in September 2012. Prior to the formation of SUCCESS, a co-ordinator was appointed in October 2011 to oversee the running of service users and carers involvement across the school. This investment was a direct result of the development and formal adoption of a service user and carer strategy in year 2010/11 by the former School of Health and Wellbeing.

At the time of data collection in year 2014/15 service users and carers in the SUCCESS group engaged in a wide range of educational activities such as: student recruitment, designing and implementing educational activities, evaluation of students' performance, teaching, research, governance, and quality assurance management as well as planning educational initiatives. Members of the SUCCESS group include both paid and unpaid volunteers (depending on personal choice) and they are willingly supporting the education of health and social care students within the university. They meet on a bi-monthly basis to share experiences. Their engagement in students' education was mainly within the Faculty of Health and Wellbeing (FEHW). Nevertheless, their involvement in various education activities was fast moving into other faculties and courses including Pharmacy and Bio-medical degrees.

It should be noted this study was of necessity time-limited and cross sectional and not longitudinal in design. It could therefore only reflect the state of SUCI in the University of Wolverhampton at the time of data collection in year 2014/15. Hence, this study does not include any subsequent changes or ongoing development of SUCI in the university.

4.6. SAMPLING

The population for this study was drawn from the three main stakeholders of active service user and carer involvement in Higher Education (service users and carers, students, and academic staff). The students and academic staff selected for this study were from the field of Adult Nursing and Social Work. They were selected because they have similar structure as indicated previously in the 'conceptual background' chapter ([section 2.7](#)). Additionally, Adult Nursing degree was selected because it is the course with the highest number of staff and students within the faculty. Thus, recruitment of participant will be much easier. Social Work degree was chosen because service users and carers' involvement was more established in this degree as it is the first to formally

commence it at the University. The service user and carer participants for this study were from the SUCCESS group

The sampling strategy for this study was the purposive sampling which is in line with qualitative research approach. This is because this study is a concurrent embedded mixed method research where the qualitative approach is the major research approach and the quantitative data plays a supportive role. Additionally, the rationale for selecting the purposeful sampling was based on the need to deliberately select individuals who have experienced SUCI within the Adult Nursing and Social Work degrees of the university (Creswell, 2013). This will help this research to generate a deeper understanding of involvement. Hence, purposeful sampling was used to select service user/carers, academic staff, and student participants in this study.

Maximum variation sampling strategy was used in this study. This technique was used to capture a wide range of perspectives from heterogeneous groups about SUCI in students' education (Miles and Huberman 1994; Creswell 2013). It was selected because it allows involvement to be understood from the perspectives of the three main stakeholders. Thereby, offering triangulated views of its impact in Adult Nursing and Social Work pre-registration programmes.

The student sample was drawn from final year undergraduate Adult Nursing and Social Work degrees. Final year students were chosen because in line with their course curriculum they must have had at least one module where they have been exposed to service users on one or more session. Thus, at the time of data collection final year students had more experience with service users in the classroom when compared with students in years one and two. Furthermore, the final year undergraduate will have had more opportunity to reflect on their experiences and put into practice what has been learnt in the classroom while on placements.

The inclusion criteria for the selection of academic staff were staff must be currently employed within the University of Wolverhampton and must have

engage service users and carers in at least one form of educational activities. Service users and carers were selected from the SUCCESS group. Service users and carers must have been volunteering in the SUCCESS group for more than a year and must have engaged in at least one form of educational activity within the University.

In ensuring that all participants met the criteria above, willing participants were all given a copy of the participant's letter and information sheet which contained details about the research and the inclusion criteria. Participants who indicated they were interested were then contacted to ensure that they met the inclusion criteria and to arrange a suitable venue. Participants who do not meet the criteria were excluded from the research. Appendix 4 contains a copy of participant letter to service users, academic staff, and students. Appendix 5 contains a copy of participant information sheet for service users, academic staff, and students. Appendix 6 contains a copy of the consent form.

Recruitment of participants for this study took many forms of communication. All final year students were initially emailed but this produced a low response rate. This was majorly due to the students receiving the email while on placement and not willing to come to the university. I then spoke with some academic staff and they made me aware of the academic calendar which indicated days when students are at the university and placement. A short talk was then arranged with the students to raise awareness of the study. This was more productive as data collection was arranged while students were at the university.

Service users and carers were recruited by giving a talk to raise awareness of the study with members of the group during one of the bi-monthly meetings. Academic staff members were initially invited via e-mail and this produced a low response rate due to the busy workload of members of staff. Fortunately, I had to attend a doctorate training course on qualitative research methodology. It was at this training I met some academic staff members who were willing to put themselves forward as participants and help raise awareness about my research to their students.

Participation in this study was optional and no participant was coerced. All participants were informed that they could withdraw at any time without giving any reason. Particularly, students were informed and reassured that their studies will not be affected in any way should they withdraw at any time from this research. Similarly, service users/carers were equally reassured that they were free to withdraw at any time without giving a reason and If they decided not to be involve, their engagement in the SUCCESS group would not be affected in any way.

At the time of data collection (over 2014/15 academic year), there were 50 service users and carers in the SUCCESS group who engage in one or more educational activities across the FEHW. Forty service users and carers had been volunteering for more than a year with only 24 actively participating in various educational activities. The sample for service users was drawn from active members of SUCCESS group who had volunteered for more than one academic year in any form of classroom-based activities. There were 50 final year undergraduate students on the BA (Hons) Social Work and 330 Adult Nursing students on the final years BNurs (Hons) programme (51, 114, and 165 in Burton, Walsall, and City campus respectively). Additionally, there were 22 Social Work academic staff and 52 Nursing staff across the three campuses.

Sample size for this study is based on Polkinghorne (1989) suggestion of about 5-25 individuals who have experienced the phenomenon. This study initially had 9 participant groups which were service users/carers, Social Work Students, Social Work academic staff, Walsall campus Adult Nursing students, City campus Adult Nursing students, Burton campus Adult Nursing students, Walsall campus Adult Nursing academic staff, City campus Adult Nursing academic staff, and Burton campus Adult Nursing academic staff. These nine categories were formed to obtain a wide range of perspectives from participants as it was originally assumed by me that the SUCI experiences were different across the three campuses. Thus, it was initially proposed that 3-5 semi-structured interviews will be conducted for each participant group. However, as data collection proceeded, it became clear that the experiences and views of Adult

Nursing staff and students were the same irrespective of the campuses. Therefore, selection of sample based on campuses was discarded.

Gill *et al.*, (2008) suggested that focus group sample size could range from 3-14 participants. Two focus groups were conducted in this study. Each focus group had 3 Adult Nursing students. Although, I recruited about 5-7 participant for each group, however, some individuals dropped out or came late. Gill *et al.*, (2008) warns that having a small group could result in limited discussion. I overcame this by using the interview prompts as a guide and using probing question to facilitate discussion amongst participants within the focus group. Overall, a total of 38 participants took part in this study; 15 academic staff, 15 students and 8 service users and carers. It should be noted that there is variation in the number of participant within each stakeholder group and degrees. This could be perceived as a limitation as the absolute number is relatively low for some stakeholder group. However, it is a reflection of the total population. For instance, the nursing degree has more staff and students than Social Work. For this reason, there were proportionally more nursing staff and students' participants. Table 1 (page 86) below shows a detailed classification of the participants within this study.

Participant Type	Department	Number of participant
Staff	Social work	5 semi-structured interviews
	Adult Nursing	10 semi-structured interviews
Student	Social Work	4 semi-structured interviews
	Adult Nursing	11 (in total) <ul style="list-style-type: none"> - 5 semi-structured interviews - 1st Focus group comprising of 3 Individuals - 2nd Focus group comprising of 3 Individuals
Service users/carers		8 semi-structured interviews
TOTAL	38	

Table 1: Classification of participants within this study

4.7. ETHICAL CONSIDERATIONS

This study was scrutinised and approved by the University of Wolverhampton, Faculty of Education Health, and Wellbeing ethics committee (see Appendix 9 for ethical approval). This study posed no harm to participants. Nonetheless, plans were put in place should any harm occur, most especially to service users and carers. This is because service users are generally classed as vulnerable individuals. However, the service users and carers in the SUCCESS group are all volunteers who have willingly approached the University to support the education of health and social care students. They have enrolled on the SUCCESS group fully aware of and committed to engagement in subsequent educational activities. It was planned that in scenarios where participants have an emotional breakdown, the interview would be stopped immediately, and the individual would be excluded from the study and referred to available support

services both within and outside the University. Four main ethical issues were envisaged for this study, these are: confidentiality and anonymity, gaining access and informed consent, risk of intrusion, and payment.

A. Confidentiality and anonymity

This was ensured by allocating unique codes to participants. All tape recording, interview transcripts, questionnaires and quotes were anonymised by these unique codes. Information about this research was only disclosed to the supervisory team and no individual external to the research had access to any information. Due to myself, the supervisors and study participants either studying or working within the same organisation, for instance, members of the supervisory team have managerial roles within the university.

Caution was taken to ensure that participants were not recognised in any way and unable to be linked to any data as it was foreseen that some participants' views of individuals, places and hospitals may be negative. More so, due to the information emerging from certain places, hospital or groups not entirely positive, such places, hospitals and group are not named within this study. However, permission was obtained to disclose the name of the primary data collection site, Faculty of Education Health and Wellbeing (FEHW) of the University of Wolverhampton.

This explains why I took measures such as: using the assigned code rather than the participant name while interviewing, changing named individuals, places and hospitals mentioned during interview to codes during transcription. Disseminated findings were devoid of any identifiable information of participants. Additionally, I was the only individual who had the list of participants and the unique codes assigned to them and this was stored securely.

Data was protected by keeping consent forms, personal information, questionnaires, transcripts and tape recordings in a secured locker and

password locked computer at the University of Wolverhampton. External hard drive and USB-B devices were password protected and stored in a secure and separate place. All research materials will be stored for at least 2 years from the end of the study in accordance with the University of Wolverhampton research policy.

B. Access and informed consent

I gained access and informed consent ethically using the Stalker (1998) three tier process. The first-tier entails obtaining formal agreement from all relevant organisations and committees to proceed with this study. I secured formal agreement to access the study participants by sending a copy of my research proposal and a letter seeking permission to access the staff and students to the Dean of FEHW (Appendix 7a) and the service users and carers from the Service users' co-ordinator (Appendix 7b). Subsequently, the Dean of FEHW granted permission to access the students, staff, and service users (Appendix 8). The service user co-ordinator indicated that the written permission from the Dean of FEHW equally gives me access to the service user group and to further reiterate this consent, I will be allowed to speak to members of the service user group on one of their bi-monthly meetings. Also, a letter seeking permission was sent to the proposed co-ordinator of a hospital's Patient engagement forum group (Appendix 7c) and an email was received as confirmation to access this group.

The second-tier involves negotiating with key gatekeepers to facilitate easy access to study participants. This stage is very important as it determines how easy or difficult recruitment of potential study participants will be. I contacted the service-users' coordinator and we agreed a suitable date I would speak to members of the SUCCESS group at one of their bi-monthly meetings. To access Adult nursing students, I spoke with some key lecturers' currently involving service users/carers in their teaching. They were happy for me to speak to their students during one of their lectures and a suitable date was

selected. I also contacted the faculty administrators and they were helpful in circulating a copy of my participant letter (Appendix 4) and participant information sheet (Appendix 5) to staff and social work students via email.

My intention was to use an advisory group from a local hospital; however, permission was not secured. Although, the advisory group co-ordinator had given permission, the other gatekeeper was not willing to permit me to access the advisory group members. Thus, I had to let go of that group and search for another. I contacted another service users and carers group that focuses only on research. This group was not the first choice because some members of the SUCCESS team also belong to the group. When I spoke to the group I stated clearly that individuals who were also members of the SUCCESS would be excluded from taking part in this study and they were happy with the decision.

This team of service users and carers gave their opinion on the data collection tools, study participants and population and this was helpful to further shape the data collection tools. However, this team also had some expectations which were outside my research aim and objectives and I knew that continued engagement with this group may not be useful. This role tension and the potential for members of the advisory group to want to advance their personal views and values as opposed to the research aim and objectives have been identified as problems that often arises (Rolls and Relf 2006; Brett *et al.*, 2012). Also, the team's coordinator was reluctant in giving me another date to hold another meeting about my findings and its interpretation in the future. To mitigate this problem and also avoid coercion, I had to abandon this group.

Another group was then contacted. This is a service users' hub group that consisted of academic heads, lecturers, service users' co-ordinator, students, service users and carers. They meet quarterly to evaluate service users and carers' involvement in students' education across the university. It was a pragmatic decision to use this group based on the need to have a group to validate my findings. Returning to individual participants would have been challenging due to time and accessibility. Validating my findings helped ensure

data analysis truly reflects the findings and not my personal interpretation. This advisory group had both non-study and study participants. Thirteen strategy hub members were present on that day of which 5 were study participants (3 service users and 2 academic staff). Prior to the meeting, an email had been circulated by the Service Users' Coordinator who chairs this group to ask him to inform members of my intention and this was confirmed to me via an email stating that the strategy hub group members were happy to verify the findings.

The third-tier entails meeting up with potential participants. The opportunity provided by the gatekeepers to address potential participants was helpful in communicating my research aim and objectives. Individuals who showed interest were asked to put down their names and contact details. I then contacted them and sent a copy of my participant letter (Appendix 4) and participant information sheet (Appendix 5) and a convenient date and venue (amongst the three campuses of the University) were selected. On the stipulated day, the purpose of the study was recounted to participants and asked if they still wish to participate in this study. Thereafter, they were asked to sign a consent form (Appendix 6) just before the interview/focus group commences. Participants were made aware that they could withdraw from the study at any point. In scenarios where, non-verbal cues indicated that participants were emotional or not willing to continue. I would immediately ask if they will like to stop. No participants in this study broke down emotionally. Some service users appeared emotional during interviews, but they were happy to carry on with the interviews. More so, the sad emotions were shortly replaced with smiles and laughter as the interviews progressed.

C. Risk of Intrusion

This study had the tendency to re-open buried traumatic experiences of service users and carers. Although, the emphasis of this study was not the narratives of service users or carers, rather, it was about the impact of their involvement on students' education and them personally. However, it was anticipated that some

of their responses would be linked to personal stories. To avoid intruding into service users/carers personal lives, I took the following measures. I ensured the interview prompt focused on the research aim and objectives. Also, participants were pre-warned they can withdraw from the study if distressed and this would not affect their involvement with the SUCCESS group. In scenarios where service users' responses may result in them sharing their personal stories which might bring about an emotional breakdown, I was ready to stop the interview to avoid being in a compromising situation and such circumstances reported to the service users' coordinator to ensure such service users or carers received the necessary support.

A. Payment

Payment of service users and carers for their involvement in students' education is viewed as a method to support inclusion and ensure power balance between service users and carers with health and social care profession (INVOLVE, 2010; Speed *et al.*, 2012). Additionally, payment of service users and carers is viewed as a means of avoiding exploitation of service users/carers and appreciating their involvement. As indicated earlier, some members of SUCCESS team are paid volunteers. However, payment of service users and carers to participate in this study may be viewed as coercion which could alter the findings of this study. Also, as pointed out by Wertheimer and Miller (2008) payment could result in some participants concealing information and motivate certain individuals to participate because of the financial incentive. These authors pointed out that this could compromise the integrity of the research.

To mitigate against the problems associated with payment of service users and carers, participants were pre-warned during recruitment of no payment involved for their participation in this study. However, in scenarios where the service users/carers came solely to the University to participate in this study, travel expenses would be reimbursed. Additionally, I arranged to hold the interviews

on a day the service users/carers had been originally scheduled to take part in an activity within the University. This resulted in service users and carers neither incurring extra cost nor burden for participating in this study. Also, all service users and carers were made aware that light refreshment would be available following their participation in this study.

4.8. PILOT STUDY

A pilot study was conducted to test if all data collection tools were suited for the purpose they were designed for in this study. As indicated by Polit and Beck (2010) as well as Bowling (2009), the pilot study was helpful in ascertaining if data collection tools were simple, clear and user friendly without any language ambiguous to participants. It also helped estimate the duration needed for data collection. Additionally, the pilot helped to test and validate the questionnaire to be assured that information provided by participants about the scope and range of SUCI in students was correct.

In designing the data collection tools, I first spoke with key individuals such as the Faculty Service User Coordinator and the head of departments of the two pre-registration programmes to identify unique questions about each participants group that captured their experiences, perceptions of beneficial outcomes, and concerns of service users and carers involvement. These individuals' opinions were useful in designing the tools. They provided information about the various educational activities service users and carers' involvement are currently taken place. They also suggested some additional questions they believed were relevant to the research aim and objectives. For example, the service user coordinator suggested I included in the service user interview question prompt *'what staff can do to improve the effectiveness of service users and carers' involvement in students' education'*. The demographic survey was then added to collate background information.

Having designed the data collection tool, the service user's co-ordinator and the two head of departments of the pre-registration programmes were then given a draft copy. This was to seek their feedback on the details of the appropriateness of the data collection tool. The feedback received from these individuals indicated that some of the words within the interview prompt and words used to describe educational activities within the questionnaire were ambiguous and they suggested re-wording these questions. For instance, the head of department for nursing suggested I changed the academic staff question prompt of *'How do you think service users and carers' involvement are changing the current pedagogy of health/ social care courses?'* to *'How do you think service users and carers' involvement are changing the current teaching practices of health and social care courses?'*

When the tool had been further refined, a pilot was then conducted with two individuals from each participant (2 service users and carers, 1 Adult Nursing student, 1 Social Work Student, 1 Adult Nursing staff, 1 Social Work staff). These six individuals were recruited by sending out emails. Five individuals from each group were emailed and only two participants each from the academic staff and student group were willing to participate. Three service users and carers expressed interest in participating in the pilot. The first two service users were used in the pilot while the other individual was used in the main study.

The amended data collection tools were administered to individuals to certify if the wording were clear and simple and to estimate the duration for data collection. The pilot was also used to assess if the amended questionnaire was both reliable and valid. Reliability was assessed by administering the questionnaire twice to ascertain if participants' responses remained the same. It was first given to participants immediately after the interview and then repeated a week after.

The pilot revealed that the questions within the data collection tools were clear and simple. It also indicated that the tools were valid as they captured the

needed information about the experiences, beneficial outcomes, and concerns of participants. Additionally, it revealed the range and scope of educational activities participants had experienced SUCI. However, one service user mentioned that she struggled to understand one of the interview questions and in my attempt to re-phrase the question during the interview; I led her to the answer. She therefore suggested a better and simple word which was not leading in any way.

It was also noted that the duration for data collection varied amongst the three participants group. This is because the number of interview prompt questions varied amongst the three groups. Duration of data collection was longest with service users with an average of 45-60 minutes while duration for students was the shortest with an average of 30-40 minutes. The responses on the questionnaire indicated it was reliable as all participants gave the same responses both times they filled out the questionnaire.

4.9. DATA COLLECTION

Three main methods of data collection were used in this study, these were: semi-structured interviews, focus group and questionnaire.

Semi-structured interview was selected as one of the qualitative data collection tool used in this study. This is based on its ability to explore participants' views by asking questions and obtaining responses required to get a robust and deep understanding of the phenomenon in question as indicated by Denzin and Lincoln (2005). Interviews have also been pointed out by Watson *et al.*, 2008) as the main data collection approach in phenomenology qualitative research.

Furthermore, semi-structured provided a flexible means of obtaining information from participants using open ended questions that generate deep understanding of the research problem or phenomenon of interest (Gill *et al.*,

2008; Watson *et al.*, 2008). Additionally, the use of key questions helped to provide guidance in exploring the research questions in a timely fashion. Moreover, the flexibility of using semi-structured interview made it easier to ask follow-up questions by probing interesting responses thereby generating deeper understanding of SUCI in Adult Nursing and Social Work pre-registration programmes.

The choice of using focus group to collect qualitative data was a pragmatic decision. It is recognised that individual interviews are usually used in phenomenology methodology than focus groups. This method of data collection is used to explore a group of peoples view about a designated topic (Morgan 1998b). It was used in this study because it was more appealing to some students' participants than a one-to-one interview. These students said that they would feel more confident speaking in a group than on their own. Thus, focus group allowed collective views of participants to be gathered to gain deeper understanding of participants' views and experiences of involvement. Also, the choice of focus group is based on some of important advantages highlighted by Kitzinger (1995) and Creswell (2013). Given the time constraints, focus group allowed data to be gathered in a timely fashion than the time required for conducting single one-to-one interviews. However, some participants within the group were more dominating than others in expressing their views and few participants were hesitant to speak. In such cases, I facilitated the group by emphasising the importance of giving everyone the opportunity to express their views and using question cues to encourage the hesitant participants to speak.

Britten (1995) and Creswell (2013) highlighted that the use of semi-structured interviews and focus group may be challenging. This is because participants are required to think and communicate their views in a coherent manner. In addition, participants' anxiety, distractions, and the chance of being embarrassed could equally affect the quality of a good interview and focus group. For these reasons, I ensured all participants were well informed about the research prior to commencing the interview by sending out a participant information sheet about the research. I also obtained written and verbal

informed consent prior to conducting the interviews/focus group making it clear that they were free to decline or withdraw at any time without prejudice. Additionally, I tried to establish rapport with all participants, ensuring the room was comfortable and free of distractions before commencing interviews/focus group. I reiterated they were free to withdraw at any time during interview/focus group without offering a reason.

All interviews and focus groups were conducted face-to-face and personally by myself. This helped me to obtain better understanding of the experiences of each participant. The interviews and focus group were recorded using a protocol and audiotaping device. I designed my interview/focus group protocol by following Creswell (2013) essential components of a protocol. The protocol contained: the research title; instruction for me to follow; date; venue; interviewer and assigned interviewee code; the interview/focus group questions and prompts; a thank you statement; and a space to record my observations and comments about the participant and the interview/focus group process. Two digital audiotaping devices were used to record interviews and focus group with one acting as the main and the other a backup device in case of any equipment failure. At the same time, notes were handwritten on the protocol also acting as a backup plan should the audiotaping devices fail. Additionally, the handwritten notes were useful in jotting down further probing questions and they also served as memos which were helpful during data analysis.

Questionnaire was the data collection tool for the quantitative information required in this study. Questionnaire was helpful in obtaining contextual information about the participants and service users and carers' involvement at the research site. It was used to gather factual information about the participants and the current nature of the involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection and characteristics that may influence or affect the impact of involvement

The questionnaire served as a great validating tool by highlighting information that was convergent or divergent with the qualitative findings. The questionnaire consisted essentially of two parts. The first part captured demographic data such as participants' age, gender and ethnicity which helped to describe the population being sampled. The second part varied amongst the three participants group and contained essentially questions that gathered information about educational activities with SUCI to ascertain the current scope and range of SUCI.

In this present study, data collection began with semi-structured interview or focus group. Semi-structured interview was used to gather information from academic staff and service users/carers. Both focus groups and semi-structured interviews were utilised for obtaining information from student participants. Thereafter, each participant was asked to complete the questionnaire. Data collection was conducted over duration of 30-60 mins. Appendices 1, 2 and 3 contain a copy of the interview/focus group protocol and questionnaire for service users/carers, academic staff, and students respectively.

4.10. DATA ANALYSIS PROCEDURE

A side-by-side comparison was the selected data analysis procedure used in this study. Johnson and Onwuegbuzie (2004) describe side-by-side comparison as a data analysis method that compares the quantitative and qualitative data sources. Creswell and Plano Clark (2007) further explains that each data sources are usually reported sequentially to compare results that are convergent, divergent, or present contradictory evidences from both databases. The rationale for selecting the side-by-side comparison data analysis procedure in this study was based on its ability to identify aspects of the qualitative and quantitative findings that were convergent and conflicting thereby helping to discover some essential findings that would have been missed if a single

method were used. Additionally, the use of a side-by-side comparison helped to obtain a more rounded result because each analysis generated answers that gave a better understanding of the impact of SUCI in students' education.

Creswell and Zhan (2009) highlighted that the use of a side-by-side comparison data analysis procedure in studies is challenging. This is because the researcher is required to be skilled in the analysis procedures of both qualitative and quantitative methods. I overcame this challenge because of the training I had received on qualitative methodology which encompassed data analysis procedures. Additionally, I was already competent in carrying out quantitative data analysis. Therefore, carrying out a side-by-side data analysis procedure did not pose a problem to me. Overall, the choice of a side-by-side data analysis procedure is advantageous in this study. This is because it has helped produced better understanding of the current nature and identifies factors that influence its impact in Adult Nursing and Social Work pre-registration degrees.

In this study, data analysis was carried out sequentially. I first analysed the quantitative data using IBM SPSS 18 statistical package. All 38 questionnaires containing participant's responses were analysed. Quantitative analysis took place in two phases. In the first phase, descriptive analysis was conducted to present background information of the study participants and its current nature. In addition, descriptive analysis provided information about factors contributing to the effect of active service users and carers involvement. Results of the descriptive analysis were presented in visual forms using charts, tables, and graph. In the second phase, I conducted a crosstab analysis to compare information about the current scope of involvement amongst students and staff from the two pre-registration programmes. Results of crosstab analysis were presented using tables.

Afterwards, qualitative data was analysed thematically from the semi-structured interviews and focus groups. Colaizzi (1978) seven-step analysis procedures were employed in analysing the qualitative data thematically. The choice of

Colaizzi (1978) data analysis strategy is based on its ability to give a systematic process of how data analysis is carried out. This helped in gaining a better understanding and interpretation of the impact of SUCI in students' education. Additionally, the last stage of the Colaizzi (1978) strategy which requires that validation of the findings of the study is carried out by returning to the participants is in line with the ethos of the study. This is because, it ensured service users and carers participation in all stages of the research and that the research portrays their voices. Figure 8 (page 104) shows a pictorial description of the Colaizzi (1978) strategy of data analysis.

38 participants took part in this study. 2 focus groups and 32 semi-structured interviews were conducted. Data from semi-structured interview and focus groups were analysed. In hindsight, data saturation was reached after 2 focus groups and 22 semi-structured interviews were conducted as no new information emerged and data collection could have been stopped at that point. However, more data had been gathered at this time and this is majorly due to the challenges of gathering data within the timeframe of the study and accessing busy participants, thus, I had collected more data in line with participant availability and not adhered strictly to an iterative approach. I therefore ethically had to analyse all the data gathered and this helped to reassure the validity of my analysis. It should be noted that neither new information nor themes emerged from the additional 10 semi-structured interview analysis carried out.

NVIVO v10 software was used as a data management aid that helped to store and organise data. Qualitative data analysis followed a descriptive phenomenological analysis where the researcher should first bracket their views. Bracketing has already occurred, and I have discussed how this was achieved earlier in this chapter.

Colaizzi (1978) strategy as employed in this study is detailed below:

Stage 1-

All focus groups and semi-structured interviews recording were transcribed verbatim. Verbatim transcription was done in order not to miss out any details that can enrich data analysis and aid the understanding of the impact of SUCI in students' education. Transcription was initially done by me. However, this was more challenging than I had anticipated. I spent about 24 hours (over 3-4 days) transcribing an interview of 51 minutes. I knew at that point, I needed help because if I carried on transcribing at that rate I would lose time needed for other important aspect of this research. Although, I continued transcribing, I sort help from an experienced transcriber. The professional transcriber was a lot faster than myself and completed 18 tape recording of about 30-60 minutes' duration in 10 days. All data transcribed by the professional was then read at least three to four times while listening to the tape recordings to have an overview and immerse myself into the data. Additionally, this helped ascertain that the transcription was correct, verbatim and the necessary alterations made. Each transcript was then read at least five times to get a sense about the content.

Stage 2-

Significant phrases and statements about the lived experiences of participants about SUCI in students' education were extracted from the transcripts. Extraction of significant statements was aided by NVIVO 10. The use of NVIVO 10 was beneficial as it helped to ensure that significant statements were coded into Nodes at the same time retaining the transcript in its original format. This made it easier to continually immerse myself in the data by re-reading the transcripts and not losing any details which could have easily occurred if it had been done manually. Folders containing nodes of significant statements on

NVIVO were then exported to a word document and returned to my supervisors to reach a consensus about my interpretation of the data and to ensure rigour in the data analysis process. Appendix 10 contains screen shots of nodes on NVIVO 10 containing significant phrases and statements.

Stage 3-

Formulation of meanings from the extracted significant statements was carried out at this stage. This was achieved by using more general statements to describe significant statements and phrases about participants views of the impact of SUCI in pre-registration Adult Nursing and Social Work Students degrees. In ensuring that the contextual meaning of each significant statement was not lost while formulating meanings, I considered Haase and Myers (1988) suggestion that formulated meaning should be considered alongside the preceding and following statement in the transcript. Thereafter, I and my supervisors compared the formulated meanings with the original meanings to ensure that my interpretation was clear and truly reflective of participants' views. The supervisory team found the formulated meanings correct, consistent and suggested minimal changes to the formulated meanings.

Stage 4-

Formulated meanings which reflected a particular focus about SUCI in students' education were grouped into categories to form clusters of themes. 19 theme clusters emerged from the transcripts and this was further collapsed into 7 themes. Amongst the 7 themes, 4 were common to all participant groups and 3 specific for individual participants group (2 for staff and 1 for students'). Appendix 11 contains a table with a list of cluster themes and the emergent themes in this study.

Stage 5-

The emergent themes were integrated into an exhaustive description of active SUCI in Adult Nursing and Social Work pre-registration programmes. The exhaustive description incorporated the emergent themes, theme clusters and formulated meanings. It contained the lived experiences of the three main stakeholders about SUCI in the two pre-registration programmes. The exhaustive description was returned to my supervisors who reviewed the findings.

Stage 6-

At this stage, exhaustive description was reduced to have a fundamental structure of SUCI in students' education. It was suggested by the supervisory team that this study should focus on the 4 common themes. This is because it allows SUCI in Adult Nursing and Social Work pre-registration programme to be understood from a broad perspective by taking into cognisance the perspectives of the three main stakeholders in higher education. The exhaustive description was therefore modified and confirmed for its completeness and richness with the supervisors and advisory group. The exhaustive description described the impact of SUCI in both pre-registration programmes from a tripartite perspective of the main stakeholders in Higher Education.

Stage 7-

Validation of data analysis was carried out at this stage. Colaizzi (1978) recommends that validation takes place by returning to the study participants with the research findings. This is done to ensure that the findings are reflective of the experiences of the study participants. However, in this study, validation of the findings took place by returning to the advisory group with the emergent themes, theme clusters and formulated meanings. This was a pragmatic decision because it was going to be very challenging and burdensome to return to individual participant to comment about the findings due to their busy schedul. More so, the student cohort used in the study had graduated at the

time data analysis was completed. Validation posed as an opportunity for members of the advisory group to verify the findings, correct errors, challenge some my interpretation of the findings and also assess the study results (Wright *et al.*, 2006). Details of the verification process is discussed in the findings chapter (Chapter 5).



Figure 8: Colaizzi (1978) seven step procedure of descriptive phenomenology analysis in Polit and Beck (2010, p474)

4.11. TRUSTWORTHINESS AND RIGOUR

Trustworthiness of this study described the procedures and standards used in ensuring the quality of both qualitative and quantitative data.

I. QUALITATIVE DATA TRUSTWORTHINESS

Lincoln and Guba (1985) four essential criteria was employed in ensuring trustworthiness of the qualitative data in this study. These criteria are: Credibility, Dependability, Confirmability, and Transferability.

Credibility is a measure of 'truth' of the data (Polit and Beck. 2008). In ensuring credibility, I utilised Cope (2014) recommendations that the researcher should describe his/her experiences of the research phenomenon. This was achieved by being reflexive throughout this study and bracketing my own views and prejudices about SUCI in students' education.

Furthermore, I made every effort to ensure this study was credible by utilising Lincoln (1995) five essential strategies which are: member checks, peer debriefing, prolonged engagement, persistent observation, and audit trail. I carried out member checking by validating the findings (The emergent themes, sub-themes, and quotes) with the advisory group after completing the data analysis. Peer-debriefing was achieved in this study by communicating my interpretation of the findings at every stage with my supervisory team. Additionally, peer-debriefing was carried out by presenting findings of this study at seminars and workshops within the faculty of the university. This was helpful in detecting any overemphasised, underemphasised, or vague descriptions of any aspect of the findings.

Prolonged engagement and persistent observation was achieved by interacting and developing rapport with participants. Prior to the commencement of data collection, I spent ample amount of time attending service users and carers forums, seminars, and meetings. I also attended students' lectures, staff inductions and other meetings where service users and carers were engaging

with students and staff. This helped me understand the context in which SUCI is being carried out within the University. It also facilitated trust with the study participants' and enabled me to clear out some misconceptions about SUCI in students' education. I also maintained an audit trail by keeping a journal throughout the data analysis stage which contained notes about my interpretations of the findings.

Dependability refers to the 'consistency' of the data in given similar findings if the study was conducted with similar participants in a similar condition (Polit and Beck, 2008). I employed Lincoln and Guba (1985) suggestion of utilising an external audit to achieve dependability in this study. External audit involves using a researcher not involved in the study to agree with the decisions taken at all stages of the research process (Lincoln and Guba 1985; Cope, 2014). External audit was applied to this study via the supervisory team and advisory group, who ensured that there was consistency in the manner of conducting this study. Additionally, the supervisory team made certain that every process of this research was reported clearly to allow another researcher to repeat this study and achieve similar findings.

Confirmability measures the ability of the findings to be essentially the viewpoints of the participants and devoid of the researcher's bias, perspectives, motivation, and interest (Lincoln and Guba 1985; Polit and Beck, 2008). I utilised Cope (2014) recommendations to demonstrate confirmability within this study. In section 4.10 earlier I described in detail the steps taken during the data analysis process to ensure that the findings are directly from the data. Also, themes and sub-themes that emerged in this study were all supported by rich quotes to represent the views of the participants. Furthermore, I achieved confirmability by bracketing my own views and returning to the advisory group after the final analysis.

Transferability measures the ability of the research findings to be applied to other settings or group (Lincoln and Guba 1985; Polit and Beck, 2008). Lincoln and Guba (1985) suggestion of providing a thick description was used to

achieve transferability in this study. Thick description entails the researcher providing sufficient information about the research to enable other readers to evaluate the findings ability to be transferable. I have provided in detail, the rationale for conducting this study, the context in which the study took place, justified the choice of methods used to address the research questions and provided details of the research settings and participants of this study.

II. QUANTITATIVE DATA RIGOUR

Reliability and validity was used to achieve rigour of quantitative data. **Reliability** can be defined as the magnitude to which the result of a measurement or study can be reproducible (Polit and Beck, 2010) I ensured that the results of this study were reliable by making certain it is free from random errors (Bowling, 2009). Furthermore, reliability was achieved by comparing the responses from participants on the questionnaire on two different occasions. Participants were initially given the questionnaire at the end of the interviews and a week after; the same questionnaire was again administered. Analysis of questionnaire from all participants revealed the same result.

Validity is the extent to which an instrument measure what it intends to measure; there are four forms of validity, these are: face, content, criterion, and construct (Polit and Beck, 2010; Bowling, 2009). Face validity was achieved by seeking the supervisory team and advisory group opinion about the designed questionnaire utilised in this study (Heale and Twycross 2015). Their opinion indicated that the questionnaire provided information about participants' background and the range and scope of SUCI in students' education. Content validity measures the extent to which an instrument adequately covers all domain in relation to the concept measured (Bowling 2009). I attained content validity by speaking to heads of departments of each pre-registration course, service users' co-ordinator and the supervisory team to ensure that the entire designed question captured all educational activities where SUCI is currently

taken place. This was helpful in giving an indication of the current scope and trend of SUCI in students' education.

Construct validity refers to the extent an instrument captures a specific theoretical construct or traits (Bowling, 2009). This study had construct validity because the questions within the questionnaire are exhaustive and inferences can be drawn about participants' demographic information and the scope and range of SUCI in both pre-registration programmes (Heale and Twycross 2015). Criterion validity refers to the extent a measure corresponds to an outcome (Bowling, 2009). The questionnaire in this study has the necessary questions that generated the necessary outcome about participants' demographic data and the current scope and range of SUCI.

4.12. SUMMARY

This chapter has discussed and justified the choice of a concurrent embedded mixed method approach by considering the philosophical assumption and research methods that best answer the research questions for this study. In addition, the rationale for using semi structured interviews, focus groups and questionnaire as the data collection methods has been provided. Additionally, the study setting, sampling, ethical issues, access, pilot study and data analysis procedures used in this study were discussed within the chapter. This chapter ends by discussing the trustworthiness and rigour of data in this study. The next chapter presents the findings of the data analysis and discussions regarding the outcomes of active service users and carers' involvement in health and social care education are presented in chapter 5 of this thesis.

CHAPTER 5

RESEARCH FINDINGS

5.1. INTRODUCTION

This chapter reports the findings of the study carried out to 'explore active Service Users and Carers' Involvement (SUCI) in students' education from the perspectives of the three main stakeholders (service users and carers, academic staff and students). In presenting these findings, the term 'service users' is used to signify both service users and carers. Also, the term 'academic staff' is used to refer to staff, academic or lecturer within this study.

As indicated in the methodology chapter, this study is a concurrent embedded mixed method design. The academic staff and student participants were drawn from two pre-registration programmes (Social work and Adult Nursing). A total of 38 participants took part in this study; 15 academic staff, 15 students and 8 service users and carers.

Data was gathered by conducting semi-structured interviews and focus group with a follow-up questionnaire. All 38 participants filled out a follow-up questionnaire and quantitative analysis was performed using IBM SPSS. This chapter will report findings sequentially, first quantitative data will be presented then qualitative findings. It is recognised that the qualitative approach is the major research approach and the quantitative data plays a supportive role within this study. However, quantitative findings were presented first in order to set the context about the sample participants and service users and carers' involvement at the research site. Thereafter, qualitative findings about participants' views and experiences of service users and carers' involvement in health and social care education were presented. Integration of both qualitative and quantitative data will also be considered within this chapter.

Each quote used has been assigned a code which signifies an individual participant (P) or focus group (FG). This is followed by a participant number in chronological order (1-38) and a code which represent Social Work (SW) or Nursing (N) as well as the type of participant either student (Stud), academic staff (Acadstaff) or service users (SU). For, example, P3SWStud denotes the third individual social work student participant and FG1Nstud represents the first nursing student focus group.

5.2. QUANTITATIVE FINDINGS

As indicated earlier, quantitative analysis is presented first to provide context.

This helped to present factual information about the participants and the current nature of the involvement in Adult Nursing and Social Work pre-registration degree as it was being practiced at the time of data collection and characteristics that may influence or affect the impact. Quantitative analysis was carried out in 2 stages. In the first stage, descriptive analysis was performed to determine background information of all participants and present an overview of SUCI. In the second stage, crosstab analysis was carried out to compare the current scope of SUCI amongst students and staff from the two pre-registration programmes (social work and Adult Nursing). Also, crosstab analysis was used to compare the number of activities involving SUCI in each academic year amongst the students from the two pre-registration programmes.

5.2.1. Background information about participants and scope of service users and carers involvement

Descriptive data will be presented in three parts: first, demographic profile of participants; second, the current scope of SUCI in the specified university setting of this study university, and third, factors influencing the current scope of

SUCI. Thereafter, crosstab analysis illustrating the comparative levels of SUCI amongst participants' groups will be presented.

A. Demographic profile of participants

This section presents the demographic profile of participants such as age, gender, ethnicity, and pre-registration programme distribution. Table 2 (page 111) presents the gender distribution of all participants. Service users had the highest proportion of males (62.5%) amongst all participants while the students had the highest proportions of females (86.7%).

Participant	Male %(n)	Female %(n)
Service users and carers	62.5 (5)	37.5 (3)
Academic Staff	40 (6)	60 (9)
Students	13.3 (2)	86.7 (13)

Table 2: Gender distribution of all participants

All service user participants were above 50 years of age. There was an equal distribution (50%) between the 50-64 years and above 65 years age group amongst the service users. Also, all academic staff and students' participants were less than 65 years. There was an equal distribution (46.7%) between the 35-49 years and 50-64 years age group amongst the academic staff participants. Furthermore, they were more students (53.3%) less than 35 years.

Participants from all three groups were mainly from the White British ethnic group (80-100%) with all service users (100%) from this ethnic group. There were similarities in the ethnic distribution of academic staff and students with

both participant group having the same proportion (80%) of White British ethnic group and (20.1%) from other ethnic groups.

There were similarities in the demographic profile of academic staff and students of both pre-registration programmes. As indicated earlier in the methodology chapter, there are more student and staff on the Adult Nursing pre-registration programme (73%) than the Social Work programme. Thus, this sample size reflects the total population of Social Work and Adult Nursing academic staff and students.

B. Current range and scope of service users and carers' involvement

This section gives an overview of the scope of SUCI as reported by all participants. Information such as: educational activities with SUCI; academic year students encountered service users; duration service users have volunteered at the university; frequency of involvement in various educational activities; and number of modules staff have engaged service users are all presented within this section.

Table 3 (page 113) presents the educational activities where participants reported that they had experienced SUCI. The educational activity with the highest percentage ($\geq 80\%$) of SUCI amongst all three participants' groups appears to be sharing illness or personal experiences and all service users (100%) stated that they had engaged in this educational activity. Similarly, all three participants indicated a high proportion ($\geq 80\%$) of SUCI in lecture/oral presentation within the classroom. Furthermore, all three groups indicated a low percentage (25-40%) of SUCI in developing teaching materials.

EDUCATIONAL ACTIVITIES	SERVICE USERS AND CARERS		ACADEMIC STAFF		STUDENT	
	YES %(N)	NO %(N)	YES %(N)	NO %(N)	YES %(N)	NO %(N)
Lectures/oral presentation in classroom	87.5 (7)	12.5 (1)	86.7 (13)	13.3 (2)	80 (12)	20 (3)
Sharing personal/illness experience	100 (8)	0	80 (12)	20 (3)	86.7 (13)	13.3 (2)
Developing teaching materials (e.g. audiotape, videotape, letters)	25 (2)	75 (6)	26.7 (4)	73.3 (11)	40 (6)	60 (9)
Expert patient panel (question time, discussion panel, debates)	50 (4)	50 (4)	60 (9)	40 (6)	33.3 (5)	66.7 (10)
Skills sessions	87.5 (7)	12.5 (1)	26.7 (4)	73.3 (11)	40 (6)	60 (9)
Developing learning outcomes for existing modules	75 (6)	25 (2)	26.7 (4)	73.3 (11)	N/A	N/A
Module development for new courses	75 (6)	25 (2)	33.3 (5)	66.7 (10)	N/A	N/A
Assessment (formal/informal)	87.5 (7)	12.5 (1)	33.3 (5)	66.7 (10)	40 (6)	60 (9)
Interviews for prospective students	100 (8)	0	93.3 (14)	6.7 (1)	6.7 (1)	93.3 (14)
Any other educational activities	87.5 (7)	12.5 (1)	33.3 (5)	66.7 (10)	6.7 (1)	93.3 (14)

Table 3: Educational activities where service users and carers' involvement occurred

All service users (100%) and majority of the academic staff (93.3%) reported a high percentage of SUCI in interviews for prospective students. However, few students (6.7%) indicated that they had encountered service users during interviews. Also, many service users indicated a high proportion (75-87.5%) of SUCI in educational activities such as: skills sessions, developing learning outcomes for existing modules, module development for new courses and assessment of students. However, academic staff reported low percentage (26.7-33.3%) of SUCI in these activities.

Table 4 (page 114) displays the academic year students encountered service users. All students had encountered service users and carers during their programme. More students had encounter service users in their 2nd year (66.7%) than the 1st and 3rd year. The academic year with the least number of exposures to SUCI was year 1 (53.3%).

Academic Year	Yes %(n)	No %(n)
Year 1	53.3 (8)	46.7 (7)
Year 2	66.7 (10)	33.3 (5)
Year 3	60 (9)	40 (6)

Table 4: Academic year students encountered service users and carers

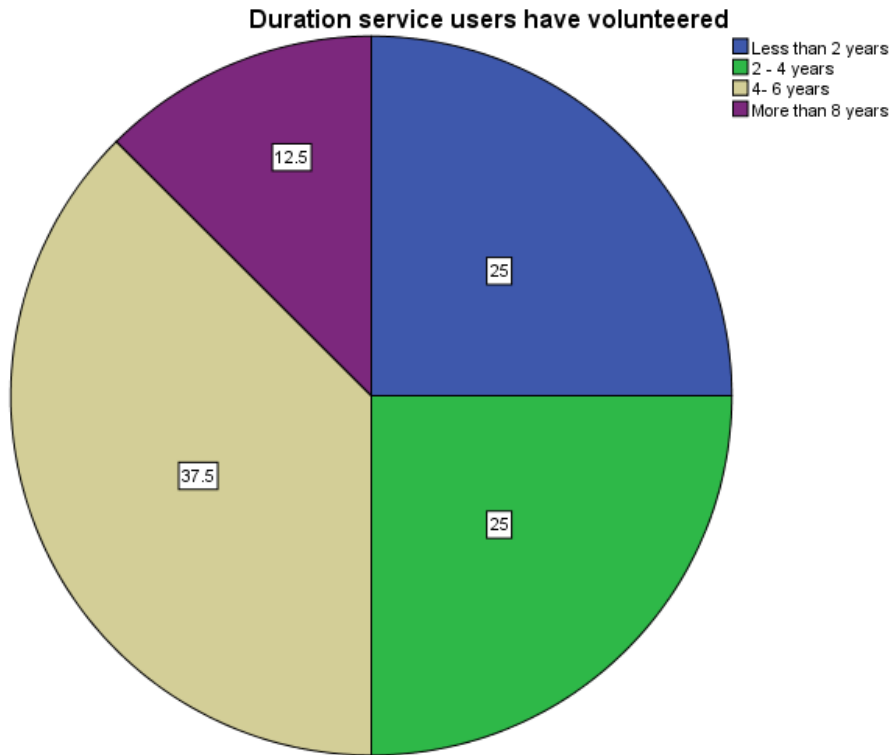


Figure 9: Duration service users and carers have volunteered at the university

Figure 9 (page 115) presents how long service users have been volunteering within the university. In line with the inclusion criteria, all service users and carers' participants had volunteered more than a year at the university. The majority of service users (37.5%) had volunteered at the University for 4-6 Years. An equal proportion (25%) of service users had volunteered for less 2 years or 2-4 years, with few (12.5%) reporting they have volunteered for more than 8 years.

Table 5 (page 117) displays the frequency service users reported they had volunteered in various educational activities. Majority of the service users have participated in various educational activities more than once. Interviewing prospective students was the educational activity service users had volunteered the most with majority (87.5%) indicating they have volunteered more than 6

times. Conversely, many service users (62.5%) reported they have never participated in developing teaching materials.

Figure 10 (page 118) presents the number of modules in which academic staff reported they currently involve service users and carers. The greatest proportion of academic staff (46.67%) currently engages service users and carers in one module.

Educational Activities	Never %(n)	1-2 times %(n)	3-4 times %(n)	4-5 times %(n)	6+ times %(n)
Lectures/oral presentation in classroom	12.5 (1)	25 (2)	12.5 (1)	25 (2)	25 (2)
Sharing personal/illness experience	-	25 (2)	37.5 (3)	-	37.5 (3)
Developing teaching materials (e.g. audiotape, videotape, letters)	62.5 (5)	25 (2)	-	-	12.5 (1)
Expert patient panel (question time, discussion panel, debates)	50 (4)	25 (2)	12.5 (1)	12.5 (1)	-
Skills sessions	12.5 (1)	12.5 (1)	12.5 (1)	25 (2)	37.5 (3)
Developing learning outcomes for existing modules	25 (2)	25 (2)	37.5 (3)	12.5 (1)	-
Module development for new courses	25 (2)	37.5 (3)	25 (2)	12.5 (1)	-
Assessment of students (formal/informal)	25 (2)	50 (4)	12.5 (1)	12.5 (1)	-
Interviews for prospective students	-	-	-	12.5 (1)	87.5 (7)
Any other educational activities	12.5 (1)	25 (2)	12.5 (1)	-	50 (4)

Table 5: Frequency of SUCI reported by service users in various educational activities

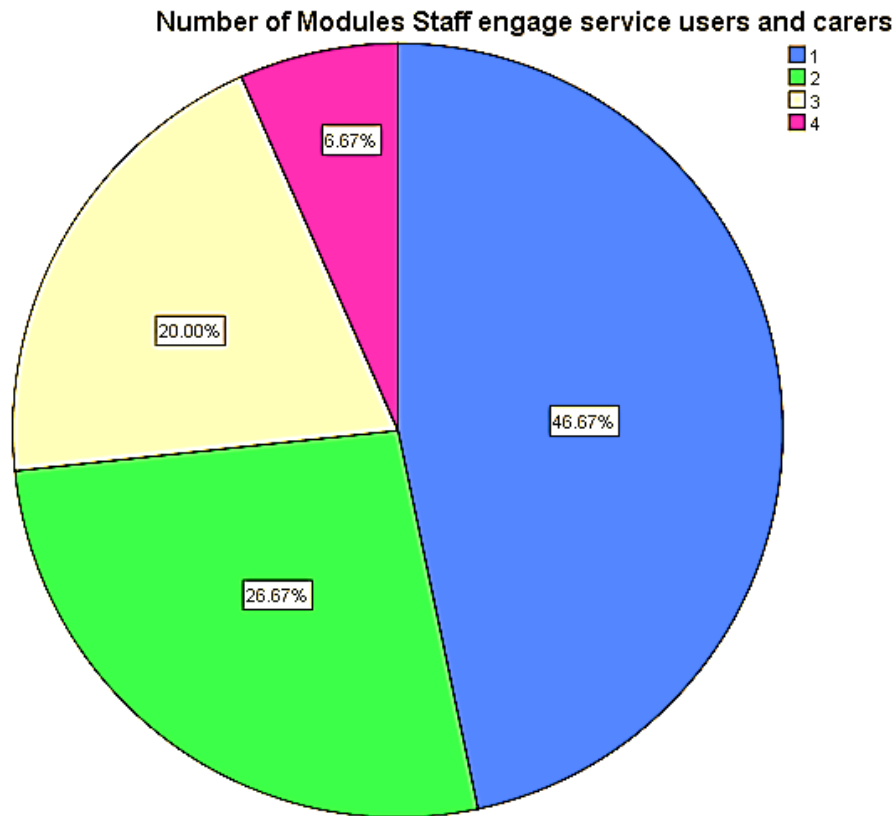


Figure 10: Number of modules academic staff currently engaged service users and carers

C. Factors influencing the inclusion of service users and carers involvement

This section presents information about factors, which could potentially influence the inclusion of SUCI by academic staff. Factors such as years of teaching experience and the number of modules taught by academic staff are examined within this section.

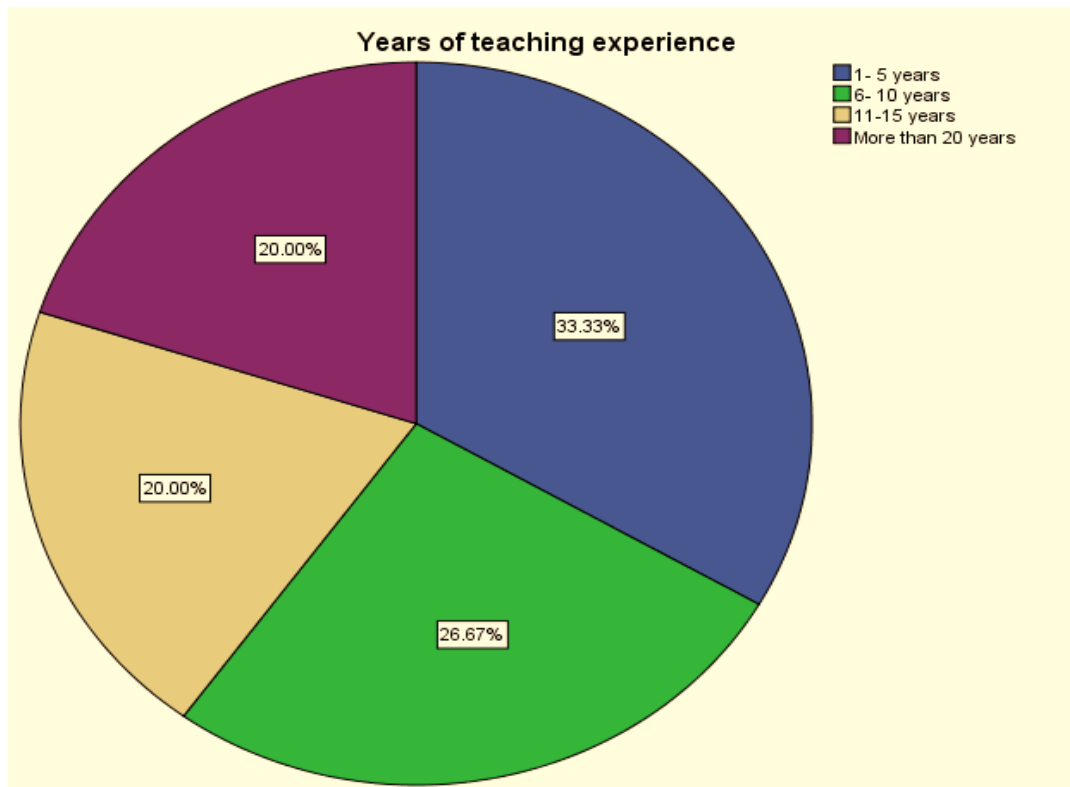


Figure 11: Years of teaching experience of academic staff

Figure 11 (page 119) describes academic staff years' of teaching experience in higher education. A greater proportion of academic staff (33.33%) had 1-5 years of teaching experience. No academic staff participant reported having 16-20 years of teaching experience. Also, there was a similar distribution (20%) between academic staff with 11-15 years and more than 20 years teaching experience.

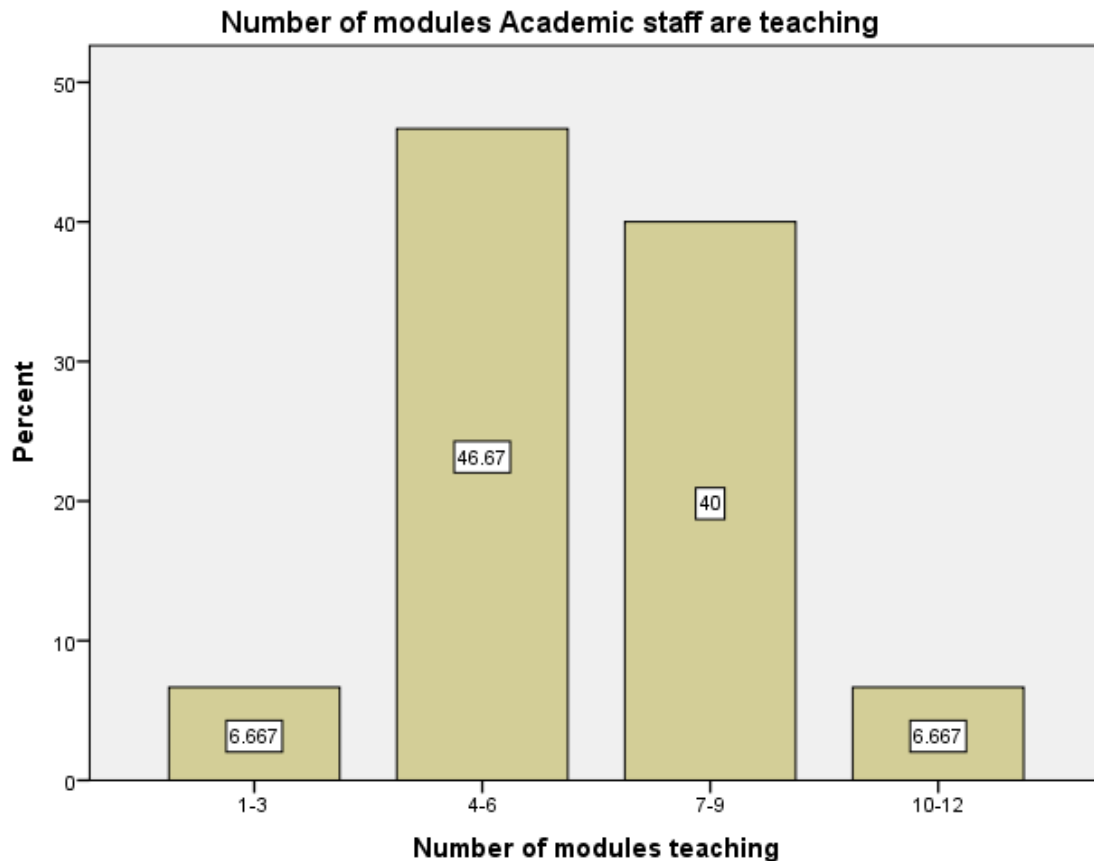


Figure 12: Number of modules currently taught by academic staff

Figure 12 (page 120) presents the number of modules currently taught by academic staff. Most of the academic staff (46.7%) currently taught 4-6 modules with only few lecturers teaching 1-3 modules (6.7%) and 10-12 modules (6.7%).

5.2.2. Comparative levels of service users and carers involvement reported by participant groups.

Crosstab analysis was performed to compare information about the current scope of SUCI amongst students and staff from the two pre-registration

programmes (Social Work and Adult Nursing). Table 6 (page 121) compares the frequency of SUCI in various educational activities amongst academic staff of the two pre-registration programmes.

There were similarities amongst Adult Nursing and Social Work lecturers with both academic staff having more SUCI in educational activities such as: lecture presentations (90.9% and 75% respectively); sharing personal illness/caring experience (81.8% and 75% respectively); and interview for prospective student (90.9% and 100% respectively).

Additionally, both Adult Nursing and Social Work Lecturers had less SUCI in developing learning outcomes (27.3% and 25% respectively) and skills session (27.3% and 25% respectively). However, more Social Work academic staff (75%) had SUCI in assessment than Adult Nursing academic staff (18.2%). No Social Work academic staff indicated SUCI in other types of educational activities.

Pre-registration programme	Lecture/oral presentation in class room		Sharing personal experience		Teaching materials		Expert patients Panel		Developing learning outcome		Contribution to module development		Simulated Skills session		Contribution to Assessment		Interviews of Students		Other types of Involvement	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Adult Nursing	90.9	9.1	81.8	18.2	18.2	81.8	63.6	36.4	27.3	72.7	27.3	72.7	27.3	72.7	18.2	81.8	90.9	9.1	45.5	54.5
Social Work	75	25	75	25	50	50	50	50	25	75	50	50	25	75	75	25	100	0	0	100

Table 6: Crosstab analysis comparing levels of exposure of SUCI in various educational activities between Adult Nursing and Social Work academic staff

Table 7 (page 122) compares the frequency of SUCI in various educational activities amongst Adult Nursing and Social Work students. There appears to be a similar pattern amongst the Adult Nursing and Social Work students with both students experiencing SUCI more during Lecture/oral presentation (72.7% and 100% respectively) and sharing illness/personal experience (81.8% and 100% respectively).

A higher proportion of Social Work students (75%) have had SUCI in other forms of teaching materials when compared with Adult Nursing (27.3%). Also, Social Work students indicated no SUCI in educational activities such as expert patient panel, skills session, assessment, interviews and other types of involvement. However, it should be noted that educational activities such as, expert patients panel and simulated skills session only takes place in the Nursing degree at present.

Pre-registration programme	Lecture/oral presentation in class room		Sharing personal experience		Teaching materials		Expert patients Panel		Simulated Skills session		Contribution to Assessment		Interviews of Students		Other types of Involvement	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Adult Nursing	72.7	27.3	81.8	18.2	27.3	72.7	45.5	54.5	54.5	45.5	54.5	45.5	9.1	90.9	9.1	90.9
Social Work	100	0	100	0	75	25	0	100	0	100	0	100	0	100	0	100

Table 7: Crosstab analysis comparing levels of exposure of SUCI in various educational activities between Adult Nursing and social work students

Table 8 (page 123) compares levels of exposure to SUCI in various academic years amongst Adult Nursing and Social Work students. The 2nd year appears to be the academic year both Adult Nursing (63.6%) and Social Work (75%) had

encountered SUCI the most. All social work students (100%) had encountered service users in year 1 and 3 whereas Adult Nursing Students reported a low percentage in year 1 and year 3 (36.4% and 54.5% respectively).

Academic year	Year 1		Year 2		Year 3	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Adult Nursing	36.4	63.6	63.6	36.4	54.5	45.5
Social Work	100	0	75	25	100	0

Table 8: Crosstab analysis comparing levels of exposure to SUCI in various academic years amongst Adult Nursing and Social Work students

Table 9 (page 124) compares academic staff years of teaching and number of modules they currently involve service users and carers. Academic staff with 6-10 years of teaching experience had involved service users and carers the most (75%) in more than one module. Also, those with 1-6 years and 11-15 years of teaching experience had involved service users and carers in more than one module by 60% and 66.6% respectively. Whereas, academic staff with more than 20 years of teaching experience had only involved SUCI in one module (100%).

Academic staff		Number of Modules Staff engage service users and carers			
		1	2	3	4
Years of teaching experience	1-5 years	40.0%	20.0%	40.0%	
	6-10 years	25.0%	50.0%		25.0%
	11-15 years	33.3%	33.3%	33.3%	
	More than 20 years	100.0%			

Table 9: Cross tab analysis comparing years of teaching experience of academic staff and number of modules staff currently engage service users and carers.

Table 10 (page 125) compares the modules academic staff are currently teaching and the number of modules they currently engage service users and carers. Academic staff currently teaching 4-6 modules reported highest involvement of service users and carers in two modules (42.9%). In addition, academic staff currently teaching 7-9 modules is the only group involving service users and carers in 4 modules (16.7%). Academic staff currently teaching 1-3 and 10-12 modules only engages service users and carers in one module.

Academic staff		Number of Modules Staff engage service users and carers			
		1	2	3	4
Number of modules Academic staff are teaching	1- 3	100.0%	0	0	0
	4-6	28.6%	42.9%	28.6%	0
	7-9	50.0%	16.7%	16.7%	16.7%
	10-12	100.0%	0	0	0

Table 10: Cross tab analysis comparing number of modules academic staff is teaching and number of modules academic staff currently engages service users and carers

5.3. SUMMARY OF QUANTITATIVE FINDINGS

Quantitative findings in this study comprised of descriptive and crosstab analysis. Descriptive analysis was used to illustrate participants' demographic information such as age, gender, ethnicity and pre-registration programme distribution. Participants from all three groups were mainly from the White British ethnic group. Also, there were similarities in the pre-registration programmes distribution of the academic staff and students with both displaying more academic staff and students from the Adult Nursing course than Social work. There were more males amongst the service users while the students had a greater proportion of females. Service users were mostly above 50 years with more members of staff between the 35-64 years age group and more students less than 35 years.

In addition, descriptive analysis was used to present the current scope of service users and carers' involvement inclusion and factors influencing this. Most of the academic staff had 1-5 years teaching experience and currently teach 4-6 modules. Also, more lecturers engaged service users in one module they currently teach.

The educational activity with the highest percentage of exposure to SUCI amongst all three participants' groups was sharing illness or personal experiences. Majority of the academic staff and all service users have carried out involvement during interviews for prospective students, whereas the students reported a low proportion of involvement during interview. Most students encountered service users in their 2nd academic year than the 1st and 3rd academic year.

Crosstab analysis was used compare information about the current scope of involvement reported by students and staff from the two pre-registration programmes. There were similarities amongst social work and Adult Nursing lecturers and students with both academic staff and students having more SUCI in lecture presentations and sharing illness experience. Additionally, Levels of exposure to involvement in various academic years amongst social work and adult nursing students were compared using crosstab analysis. The 2nd year is the academic year both Adult Nursing and Social Work had encountered service users and carers involvement the most. However, all social work students had encountered service users in year 1 and 3.

Academic staff with 1-15 years of teaching experience has involved service users and carers in more than module with academic staff with 6-10 years reporting the highest proportion of service users and carers involvement in more than one module. Additionally, academic staff teaching 4-6 modules reported the highest proportion of service users and carers involvement in two modules, whereas academic staff currently teaching few or many modules (1-3 and 10-12 modules) only engage service users and carers in one module.

5.4. QUALITATIVE FINDINGS

Qualitative data was collected concurrently with quantitative data to explore all three participant group perspectives of the impact of SUCI in health and social care students' education. Thematic analysis of qualitative data was conducted. The themes and subthemes emerging from interviews and focus groups discussions with all participants are presented in this section.

Four main themes were common amongst all participants with two themes specific to academic staff and one to students' participants. Figure 13 (page 128) presents a structural overview of the emergent common and individual main themes of this study. Each main theme is made up of a number of subthemes and thematic maps are used to illustrate these. This section will present the common main emergent themes:

- I. Perceived current nature of service users and carers' involvement
- II. Perceived beneficial outcomes of involvement to participants
- III. Participants' concerns
- IV. Participants' recommendations

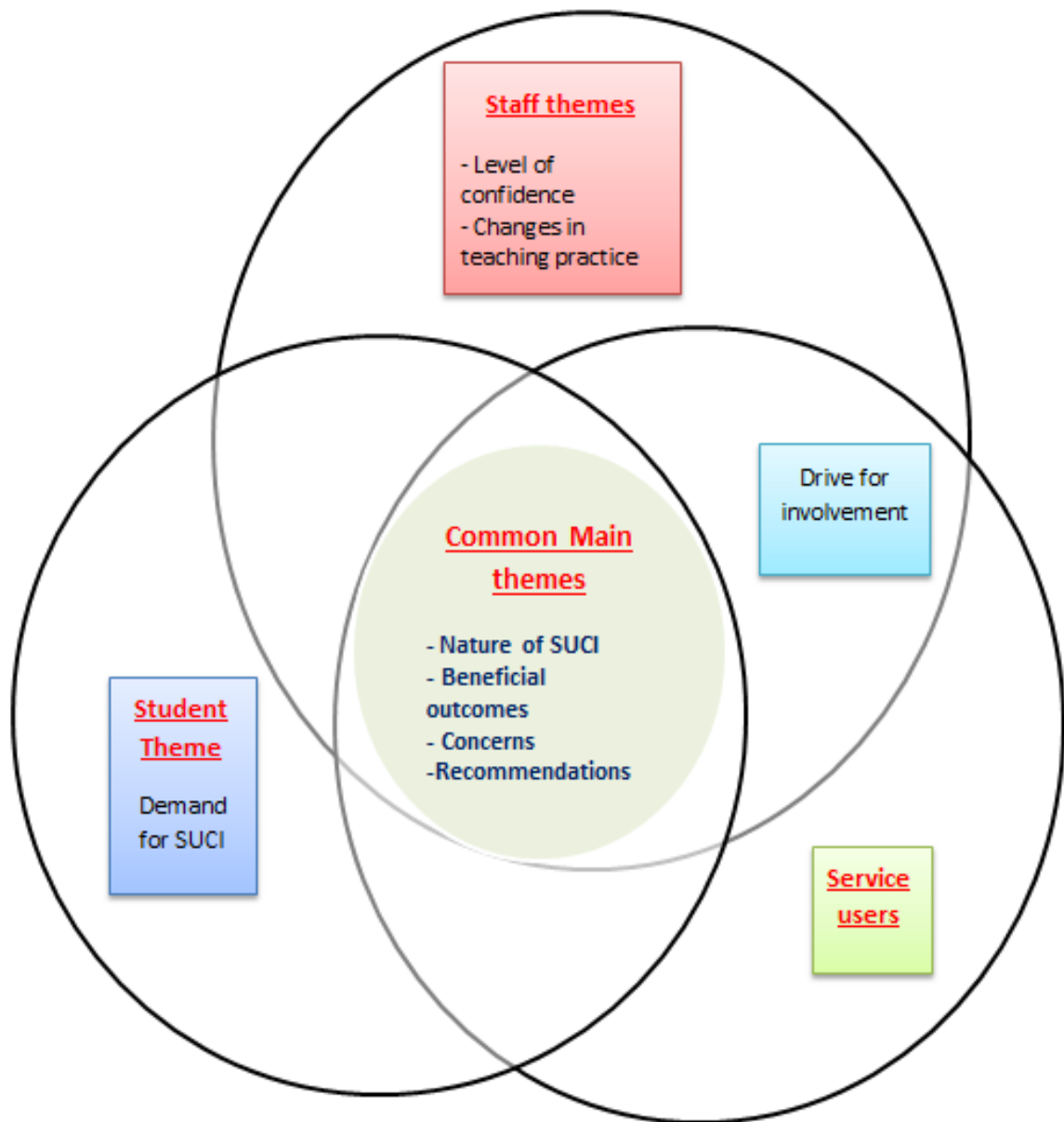


Figure 13: Structural overview of the main themes emerging from thematic analysis

I. PERCEIVED CURRENT NATURE OF SERVICE USERS AND CARERS' INVOLVEMENT

This theme explores participants' perceptions of the current nature of service users and carers' involvement in Adult Nursing and Social work department of the Faculty of Education, Health, and Wellbeing (FEHW) at the University of Wolverhampton at a specified time (between 2014 and 2015). Data was collected between August 2014 and February 2015. This comprises of three main subthemes.

- A. Overview of reported educational activities with service users and carers involvement
- B. Perceptions of participants' experiences of service users and carers involvement
- C. The motivating and inhibiting factors of practicing service users and carers involvement in the context of this study

Figure 14 (page 130) shows the thematic map displaying the sub-themes emerging from this theme.

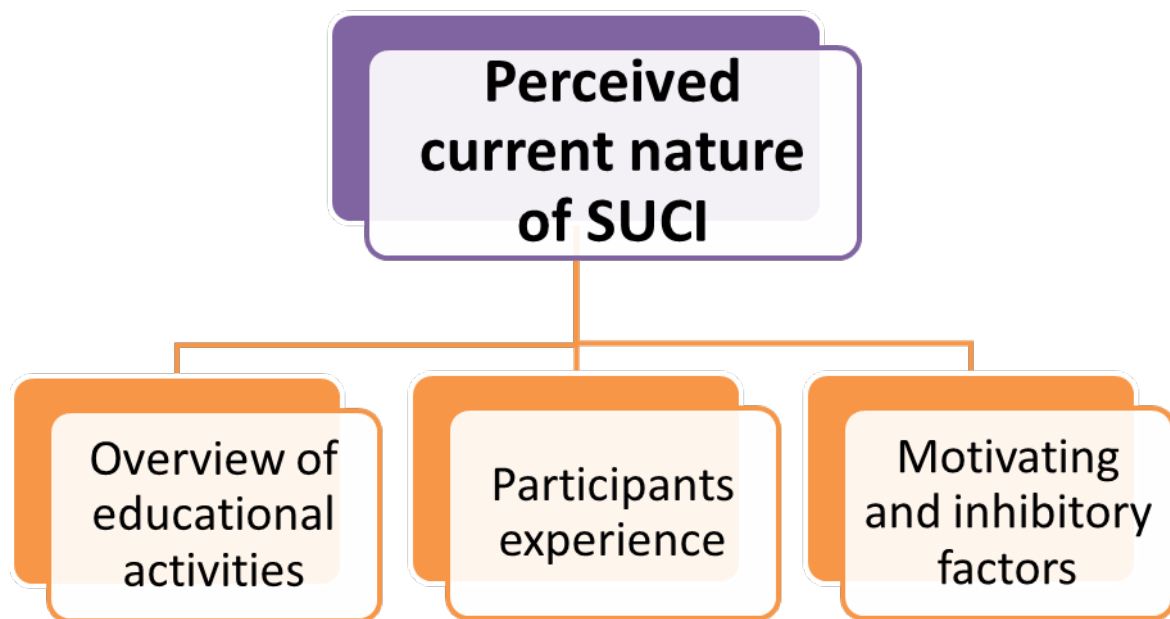


Figure 14: Thematic map showing the subthemes emerging from the current nature of service users and carers involvement

A. Overview of reported educational activities with service users and carers involvement

Analysis of participants' views revealed that SUCI had occurred in many educational activities, although, some educational activities had more SUCI than others. For instance, all participant groups indicated that they had encountered SUCI in educational activities such as: interviewing prospective students, teaching, sharing experiences, discussion panels or forums, and research.

Amongst the educational activities listed above, interviewing prospective students was the most common activity with all service users and academic staff participants indicating they have had SUCI in this activity. All nursing

students' participants in this study were from the same cohort and were asked the same questions about their encounter with service users, none of them with the exception of one nursing student could remember having an encounter with service users during interview.

“Apparently, they have service users in the interviews when they interview students before the start of the course and I certainly didn't have a service user in my interview so if that's then norm then that's fine but if it's not then I think that the service users should be involved in the selection process” – P23Nstud.

It is not particularly clear why majority of the nursing and the social work students did not remember their encounter with service users at interviews. It could be inferred that those students assumed that service users were lecturers because service users form part of the panel for interviews. It could be argued that perhaps, the reason this particular nursing student remembered this encounter was because this nursing student was subsequently assigned to care for the same service user while on placement.

“When I was interviewed, a service user was involved in my interview...What I found when I was interviewed, hmm, the service user I was interviewed by, hmm, by fluke chance, I actually then meet the service user in practice, she needed care and it was interesting to see, when she recognised me and I recognised her it was like ‘well ok’. It was interesting to see where I had been in the first year to where I actually was at that point and that I could actually give care to that person. It actually felt, ‘how can I put it’, hmm, it felt good to provide care to a service user who I had met earlier and I had experience of. I just feel empathy and humbled towards”. -PINstud

The educational activities with involvement less reported include: skills sessions; assessment of students' practices; programme validations; quality assurance and monitoring; recruitment of service users; recruitment and induction of students; post-qualifying courses, evaluation and development of

modules and courses. These activities were majorly mentioned by of the service users and Social Work members of staff. Three nursing staff members indicated they involve service users in students' assessments, recruitment and induction of students. However, only one Adult nursing staff participants indicated involvement of service users in nearly all of the activities itemised above.

"I've got links with Staff X, the co-ordinator involving service users in developing a module... We've also involved users in module team meetings when we have wanted to focus on evaluation of the module or developing the module further"- P12NAcadstaff

The reason why few nursing staff reported less involvement in the educational activities identified above may be due to the difference in the number of staff between the two departments. This is because the nursing department have more staff and these activities could have been distributed to or carried out by other nursing staff members who were not participants.

Over half of the staff indicated that the exact task assigned to service users within some educational activities such as teaching, assessment of students, interviews for prospective students were limited. Nearly all Social Work staff members explained that service users input is limited in teaching. These staff explained that students have lots to learn and the theoretical aspects of the curriculum are as important as service users and carers' involvement. Nevertheless, they recognised that even the limited input of service users is very beneficial and powerful for students learning.

"I might bring them in for, It's only a fraction of the course because there is so much that the students have to know in terms of legislation, theory and different areas of practice"- P13SWAcadstaff.

"They take part in teaching to a limited extent...it is very powerful learning for the students.... I think the service users give them some very, very powerful pointers about how to practice well"- P16SWAcadstaff.

Less than half of the nursing academic staff participants stated that the involvement of service users during interviews for prospective students is limited. They indicated that they rarely involve service users in the final decision of either accepting or rejecting the prospective candidate.

“I don’t involve them in the final decision...at the end of the day, you know, they are in for that 20 minutes or half an hour, and not managing the student all through the course...so, it should be a discussion between the 2 people, the academic and practice partner who are going to be managing them on that course”- P9NAcadstaff.

Other nursing academic staff participants believed that such decisions during interviews should be jointly made by both service users and staff.

“They (service users and carers) have actually been involved in the interview process, so they have actually helped us to ask some questions particularly around the care aspects of nursing and then helped us to come to a decision as to whether to recruit that person to the nursing course”- P27NAcadstaff.

In contrast, all Social Work reported that they jointly make decisions with service users and carers during interviews for prospective students as they view them as equal partners in students’ education.

“With the interviews, out of the 3 of us who have scored someone we will always agree on our scores or round them off and generally we will be within 1 point, very close to one and other. We are all quite attuned to one and other thoughts about how a student has presented through an interview and how they have performed but we will always agree on a final score.... We often have discussion and all 3 of us, practitioner, lecturer and service user, it’s a shared involvement, there is no hierarchy at all”- P25SWAacdstaff

The majority of service users considered their role in students' education is mainly a supportive one and they acknowledged that the academics are the experts. They agreed with those academic staff that their said input in students' education is limited but were powerful and meaningful.

"I think we members of SUCCESS group know that the academics are the expert in the subject they teach the students...they have all the knowledge but we are more of less there to support their role and make what those students are learning more meaningful, I suppose"- P28SU

Furthermore, service users' comments revealed that SUCI is gradually increasing and moving into more subject areas. These service users reported that involvement is now taking place in courses beyond the faculty the study was conducted.

"It seems now that we are expanding into all areas – health scientist courses, pharmacy, paramedics ... which is not in the school of health & wellbeing"- P30SU

It is interesting to note that nursing students did not share service users' opinion about SUCI growing steadily in students' education within the faculty.

"I think, it (SUCI) could be maybe spread a bit more, widely, or used more in our course yeah, hmm...Because we maybe don't get enough of it, so if we had enough of it, then it would improve, our, our overall experiences wouldn't it"- P23NStud

These Adult Nursing students expressed vehemently that SUCI in their education was insufficient. Many of these students indicated they had just one encounter during their three-year programme. Only two nursing students could remember at least two encounters.

“We have only really had one experience in one of the modules in Year 2”- P23NStud

In contrast, all Social Work students could remember at least three encounters with service users.

“I think in total I have had 3 experiences, the first was in the first year in the ‘demonstrating suitability for practice’ module. This year it was, in the ‘research mindedness’ module because it was one we had in the afternoon...Yes research mindedness because that was the one and I think second year may have been ‘children and families’ module” -P6SWStud.

The evidence from this study indicated that staff and service users perceive service users and carers’ involvement has grown and involvement is increasing in many educational activities. However, it is more dominant in some activities than the other. Social work staff members reported having more widespread involvement than adult nursing staff. The findings of the study suggest that SUCI in more educational activities does not necessarily indicate full integration of service users in task and roles with some differences in perspectives between Social Work and Nursing staff.

B. Perceptions of participants’ experiences of service users and carers involvement

This subtheme explores participants’ perceptions of their experiences of service users and carers involvement. All students described their experience of involvement as essentially positive. Adjectives such as interesting, beneficial and powerful were often used by students to describe their experience. These participants highlighted that the experiences were mainly positive because it was educative. Words like ‘eye-opening’ were used by students to describe how enlightening the encounters were. Additionally, these students explained that

SUCI is more enlightening because SUCI occurs within the classroom which is different from the clinical/practice settings.

“I found it really interesting...because obviously as someone who is out there helping service users you don’t always understand what their experiences are unless you hear it from them and we got to hear that in the classroom environment”- P1NStud,

“It was a powerful and inspirational experience for me...for me that was interesting as I could hear their perspectives of things about social work...and it opened up my vision a lot more, which I thought was really, really good” - P24SWStud.

The academic staff description of their experiences was diverse. More than half of the nursing staff described their experience as ‘mixed’ while the others described it as ‘positive’. Further questioning of those nursing staff who expressed a mixed perception indicated that they perceived carrying out SUCI as ‘challenging’. These nursing staff who had initially said that their experiences were mixed when prompted did reflect that overall, their experiences of SUCI have been more positive than negative.

“Well, the experience I think has been mixed really...I think on balance, the experience has been positive”- P10NAcadstaff

In contrast all social Work staff described it as ‘positive’, ‘enjoyable’, with two social work academic staff members indicating that the experience was ‘powerful’. Interestingly, almost all social work staff acknowledged that SUCI can be somewhat challenging but nonetheless, they expressed that their experiences were positive or powerful.

“My experience has been really positive with them”- P25SWAcadstaff.

“I found that really powerful actually...I really enjoyed it, I think it’s really important but I do think it’s got to be well thought out and it can be challenging”- P26SWAcadstaff

It should be noted that the reason more nursing staff expressed mixed feelings could be because service users and carers involvement was just becoming established in the nursing degree and it was in its third-year at the time of data collection. Whereas, SUCI had been in place for eight years in the social work course and the staff may have overcome some of the teething problems the nursing staff were currently experiencing.

Most Social Work and Adult Nursing staff explained that students' positive feedback about SUCI and their demand for more involvement had contributed immensely to making their experience of SUCI positive. Furthermore, they said that SUCI is commonly evaluated positively on the module evaluation at the end of the academic year.

“The feedback I got from the students was it was very powerful because you were hearing. It was after the anecdotal experience, you know they had come back to me...you know, the best feedback you get about how valuable it was is not the ones on questionnaires often” -P19SWAcadstaff.

“On the module sessions that they (service users and carers) attended, that was evaluated by students...so we asked them to complete an evaluation so that would be fed back to the lead, staff X and then fed back to the members, the SUCCESS members about how that went...in the feedback the students said they found it very useful, they enjoyed speaking to service users, they learnt a lot” - P14NAcadstaff

One nursing academic staff member pointed out that sometimes service users are not given good feedback for their involvement because those service users have been very critical and judgemental about health and social care professionals' practices. This participant concluded that those service users' critical and judgemental views further account for the mixed perceptions about SUCI.

“I can say we have had some service users who have been evaluated quite poorly and that is often because there have been people coming in to use the service user forum as a forum to excise issues that they have had in their own experiences”- P9NAcadstaff

Generally, service users highlighted that their experience of SUCI had been positive. The service users described those experiences as ‘interesting’, ‘empowering’, and ‘fascinating’ but equally ‘challenging’. For instance, one service user explained that keeping up with the advancement within health and social care is challenging. Another service user talked about being integrated into the education system and carrying out some tasks as challenging. Nearly all service users described their experience of SUCI as rewarding and gave some examples of rewarding experiences. These views are illustrated with the comments below:

“I have found it challenging and interesting...Fascinating, because, hmm, Perhaps, learning a little more how things have advanced”- P20SU.

“It been quite an empowering journey overall...its challenge me in terms, in practical ways, in terms of, you know, time keeping, getting out, and hmm, being here for a particular meeting or, a particular set of interviews, on a particular day, at a particular time, and concentrating for a particular period, all those where things I needed to re-learn”- P22SU

“I think that I have found it particularly rewarding and there has been positive feedback for me and others in the work we do...There have been a few incidents of some people when they have qualified if you happen to be around at the time, will come up and give you a big hug and say thank you for helping us”- P29SU

Moreover, nearly all service users indicated that working with staff has further made their involvement experience more positive. Service users described the relationship with staff as being cordial and professional. One service user stated

that SUCI at the university was much better than other health and social care settings because staff have made the involvement more worthwhile and generally positive.

“It is the people here who have made it so worthwhile and it is that, that tremendous sense I get of the staff here, genuine, genuinely, valuing our input, it’s not, just lip-service, there is a real desire to LEARN FROM US and to WORK WITH US, and to work as equals alongside us and that is tremendous, that really is, hmm, I mean, I do some other voluntary work for some sort of patient participation group on a sort of patient panel, hmm, that’s spring up everywhere aren’t they, on doctors surgery and all sort, and sometimes there, I get the impression that it is, they feel they ought to do, is to tick a box, AND IS NOT, and yet, I mean they are very genuine people, too but they are under a lot of pressure and you just feel is sort of one extra thing they’ve got to do. But here, there is just so much, hmm, it is very genuine and very determined to make this happen and to”- P22SU

“My experience has been a good one because the staff have been very kind, very welcoming and helpful to me and very respectful”- P32SU.

Over half of the service users made clear that this cordial and professional relationship with academic staff was not always the case. These service users explained that initially some nursing staff resisted involvement vehemently and were very sceptical of their involvement. Over the years, these service users identified that members of staff attitude about involvement had changed and they believe they have been able to convince these staff about the benefits of SUCI to students’ education:

“As usual, it’s normal to have a few sceptics but I think over a period of a couple of years, we seemed to win them over, you know...I think there are some remnants of that even now, of that sort of hmm, resentment. That resentment persists still now”- P21SU

One nursing member of staff openly acknowledged being sceptical initially, but over the years she stated that the scepticism seems to have waned. This member of the Adult Nursing team explained that the scepticism was initially based on the perception that service users were critical and judgemental of health and social care professionals. Moreover, at that time she felt that SUCI was carried out to simply fulfil the requirement of professionals' bodies of health and social care courses such as, Nursing and Midwifery Council (NMC), Health and Care Professional Council (HCPC), General Medical Council (GMC) and many more. However, she now said that having seen the beneficial outcomes to students learning and practices had helped to change her previous perceptions about SUCI.

"I am going to be very honest, at the beginning I was quite sceptical because of my initial involvement in that it was going to become a group, a closed group, it felt like it was just for a tick box exercise originally. I didn't fully understand the philosophy of where it was going to go, how it was going to build, how it was going to grow to where it is now. So, I had some scepticism of it...The more I use them the more comfortable I feel about the people that I am working with... So, I'm changing my idea, I have always thought they would be useful, I gave always thought it's better to have the people who have lived through it to tell the students, rather than from a book, a journal or from somebody like me. I have always thought that was more valuable and as I am seeing more of the benefit to students I am embracing it more and more"- P17NAcadstaff.

Two nursing staff indicated that some of their colleagues' scepticism of service users and carers' involvement has continued to grow resulting in resistance. For example, one nursing staff participant described how other colleagues' resistance have stopped SUCI in a certain educational activity. Further questioning of this participant reinforced the view reported above about staff resisting service users' involvement because they are yet to see the positive outcomes in their students' education. Furthermore, this academic made clear

that the present challenges of carrying out involvement is a contributory factor to its resistance by certain colleagues.

“If I can give you an example I have wanted to involve service users in a role play exercise but some colleagues have said I am not happy to do that.... I think because of the many challenges in doing it.... I think sometimes those views that have are just very entrenched views, that it might be very, very difficult to change their mind set because that is what they firmly believe. I’m just thinking of two colleagues now; I don’t think you would change them because that is what they believe. Perhaps if they could see positive outcomes from involving service users, more success stories, perhaps we could change their views somewhat” - P12NAcadstaff.

All social work staff and more than half of nursing staff described a cordial and professional relationship with service users expressing that they view service users as colleagues and partners.

“So, I have a very close working relationship with service users and that has been helpful” - P25SWAcadstaff

However, three nursing academic staff expressed a rather cold relationship with service users. Further questioning of such staff indicated that their first meeting with service users was handled in a very “unprofessional” and “shoddy” way by the leadership and the university. This is perhaps the reason those members of staff have a negative view of SUCI and reduced confidence in carrying out SUCI.

“So the first time I met a service user was at an interview, when you are all of a sudden told, this is whoever and he is a service user and is going to be interviewing with you and you feel a bit like, as a staff member, well that’s great I saw an email but all of a sudden this people is now sitting in here....you know, I don’t know what their story is but

there is some woman sitting here...you know, that is so unprofessional and that really knocked my confidence in using service users ”- P8NAcadstaff

In summary, overall perception of involvement is positive. However, some nursing lecturers described it as mixed with both service users and academic staff acknowledging that involvement can be somewhat challenging. Therefore, the finding of the study shows that positive attitude towards involvement does not rule out the fact that it is challenging. The relationship between the staff and service users was an essential factor influencing the experience of service users and carers' involvement by academic staff. Both staff and service users generally reported a cordial and professional relationship but this was not reflected in the early days of practicing involvement. Furthermore, service users and nursing academic staff acknowledged that staff resistance towards involvement does exist, although there seemed to be a change in tide with more staff now embracing it, however, some lecturers have continued to resist it. The duration of conducting involvement within each pre-registration course is a likely reason Social Work staff indicated a more positive experience as opposed to the nursing staff.

These findings illustrate that a cordial and professional relationship between service users and academic staff is essential for a positive experience of SUCI. Although, this type of relationship might not always be in place initially but requires time for change. However, proper introduction and induction of service users and carers' involvement to staff highly influences the relationship between staff and service users. Other factors affecting participants' experiences of SUCI coincide with beneficial outcomes and concerns of participants and are discussed further within such section.

C. Motivating and inhibitory of practicing service users and carers involvement in the context of this study

This section explores factors that could potentially motivate or inhibit the extent involvement is currently being practiced in students' education. Participants identified five main factors, these are:

- SUCI as a regulatory requirement by Professionals Regulatory and Statutory Bodies (PRSBs) of health and social care courses
- Past experiences of volunteering
- Altruistic nature of service users
- Staff time
- The institution and its leadership

It was also reported by more than half of nursing staff that some of these factors were responsible for the 'mixed' experiences of service users and carers' involvement they had expressed earlier.

Although, students' interview and focus group questions did not contain prompts about motivating and inhibitory factors of involvement, nearly half of students' participant mentioned these factors. For example, SUCI as a regulatory requirement by PRSBs, service users' past illness or caring experiences as well as the institution and its leadership were identified by these students as essential motivating factors for carrying out SUCI.

Analysis of all participants' views revealed that SUCI as a regulatory requirement by PRSBs of nursing and social work was the major push for involvement. A great number of participants expressed that service users and carers' involvement is taking place in the university to comply with the regulations of PRSBs.

“I would imagine that the university has targets to hit on service user involvement and consultation as expected by the HCPC.... and that is one of the drivers that is one of the reasons it happens” - P5SWStud

“I think as well that involving us (service users and carers) is parallel with the huge move in the wider health community, for what they call co-production” - P31SU.

“I mean of course we have to, it’s a requirement on us anyway and rightly so, you know it’s a regulatory requirement” - P16SWAcadstaff

For example, one of the nursing staff concluded that if the PRSB for nursing which is the Nursing and Midwifery Council (NMC) have not necessitated involvement, then there will be little or no involvement in the first place.

“So, if the NMC said no service user involvement was required you would probably have very little service user involvement. If the NMC came round and said you need to triple it that’s what we would do” - P9NAcadstaff

This determination to comply with PRSBs regulations was highlighted by many nursing academics who indicated that involvement was being carried out in order to be perceived as transparent or fulfilling requirement of PRSBs. Staff used words like ‘tick box’, ‘tokenistic’ and ‘paying lip services’ to express how they believed involvement was not genuinely carried out for the benefit of students’ education rather it is being performed essentially to satisfy PRSBs.

“I think when you make it such a thing of you have got to get service user involvement you wheel out your little pot of service users and then it becomes a tick box exercise.... I think it’s a big box that they want to tick along with various things. It means that they can tick the box that says that they are person-centred and that they are taking the local needs into consideration” - P8NAcadstaff

Interestingly, all but two of the nursing staff who had earlier stated that SUCI as a regulatory requirement by PRSBs was the main driver for involvement acknowledged that seeing the beneficial outcomes to students' education makes involvement essential. These lecturers concluded that involvement is definitely the way forward in health and social care education. In fact, one staff acknowledged initially perceiving involvement as being a 'tick box' exercise, nevertheless, in seeing its beneficial outcome to students they had a change in mind-set.

"It felt like it was just for a tick box exercise originally. I didn't fully understand the philosophy of where it was going to go, how it was going to build, how it was going to grow to where it is now.... So, I'm changing my idea, I have always thought they would be useful, I have always thought it's better to have the people who have lived through it to tell the students, rather than from a book, a journal or from somebody like me. I have always thought that was more valuable and as I am seeing more of the benefit to students I am embracing it more and more"- P17NAcadstaff.

Thus, it can be inferred that service users and carers' involvement being a regulatory requirement was the initial motivator, however, its beneficial outcome to health and social care education now constitutes its main driving force. Also, seeing the beneficial outcomes of involvement have further led some staff to push for service users and carers involvement in other campuses across the University to ensure parity across all campuses within the university.

All service users and more than half of staff expressed that their past experiences of involvement outside the university and its influence was a motivating factor for practicing engaging that service users and carers.

"Well I have been volunteering before SUCCESS came into being, really. The reason I wanted to help was because I became a member some years ago of a group in 2006, called X which was a regional mental health group and one of the things we decided to do in that group was to try and get members who were carers to go out and go into

various educational situations, educational institutions like universities etc.... We basically wanted to convey what it was like to be a carer of someone suffering from mental health conditions or mental health illness”- P29SU.

However, four nursing staff did not share this delight and positivism about past experience of involvement. One nursing academic pointed out that his past experiences with service users outside the university were horrendous and generated a number of concerns thereby inhibiting interest in carrying out SUCI.

“I have not had a personal experience in this faculty, but I have outside of work, through a training company when we have had to bid for services from councils, had to go up in front of service users and they have often pursued their own agenda rather than the organisation agenda or the agenda of the general public. A really good example is a validation committee I sat on for a new course at another university and the professional body brought their own lay-person or service user and that service user was just highly disruptive, had little understanding of the profession she represented apparently and had no understanding of university process, was highly critical at every opportunity and that really came across as being someone who was just grinding an axe against one facet of the Health Service”- P8NAcadstaff.

Another motivating factor for involvement highlighted by less than half of staff and almost all service users was the altruistic nature of service users in wanting to give back to society and contribute to students' education. Almost all service users explained that they were well cared for while ill or caring for a loved one and their involvement affords them the opportunity to appreciate and return the favour to health and social care professionals as well as ensure such excellent services continue to take place.

“I had such good care and my family were looked after so well, the trained staff there did so much for me and my family that I wanted to put something back.... I could be

doing possibly something somebody considers useful using my experience of years past and trying to help somebody”- P20SU

However, this view was not shared by some service users who explained that the care and services they had received from some health and social care professionals was poor and their involvement serves as an opportunity to correct such malpractices.

“We (participant and other Service users and carers) felt that there was need for better understanding of service user and carer perspective and what it was like to be suffering from and caring for someone suffering from mental health issues... we felt that mental health services at that time and even now, because there’s of lots of stuff that’s going on with it now, that they were really rather poor and needed to be improved considerably. And one way to do it was to try and get into the education system and see if we could help improve the understanding of students” – P21SU

Less than half of nursing staff and a student also expressed that service users and carers with past negative illness or caring experiences can influence involvement in students’ education. These respondents believed that such negative experiences deter involvement. One nursing academic expressed that such negative experiences should not be an inhibitory factor rather academic staff should skilfully utilise those negative experiences as a form of learning for students.

So I think that sometimes some service users have perhaps had a really bad experience in hospital and sometimes think that all Nurses are uncaring and we’re not... Sometimes I get the impression that they believe that not all Nurses but some Nurses when they are unable to deliver something are uncaring- P3NStud

“Some individual service user have an “axe to grind,” they have hmm, a personal experience that has impacted on them so much, that they use the session, to, hmm, to focus on that negativity, on that negative experience... I think there has to be an AWARENESS that, some service users, will, hmm, because of their experiences, hmm, go on to a great length, a great degree, about their negative experiences, and that can, hmm, that can sometimes, hmm, need expert facilitation in a session” – P18NStud.

Majority of the Nursing staff and three Social Work staff explained that allocation of staff time for SUCI was an influential factor. These staff said that the allotted staff time for involvement would be spent to prepare the service users, plan and structure the role of the service users for their involvement as well as debrief afterwards. The nursing staff felt that their workload is burdensome as it is and adding service users and carers' involvement makes the job more exhausting. One social work lecturer concluded that service users and carers' involvement can only work efficiently when academic staff members are allocated hours for working on involvement and it is recognised as part of their work load.

“It frustrates me because at the moment service users involvement is not fully develop that because of a lack of time and lack of resources to help me... it's just hard work doing all these things on top of what you are already trying to do...it's has to do with time again” – P12NAcadstaff.

“The way involvement can work from my own point of view is that each academic staff had some hours or something for involving service users and carers even if it's just a few that's the way it would work” – P13SWAcadstaff

Over half of the nursing students and staff highlighted that the institution and its leadership also plays an important role in determining the extent to which staff engage service users in some educational activities. For example, one student who had earlier indicated only one encounter with service users speculated that

perhaps the reason they had insufficient input of service users and carers' in their learning is due to the university or course leadership not being eager or willing to involve service users.

“I just think there need for more involvement...but I don't know whether it's more to do with the fact that they have not been asked by the education side to get involved with students” - P4NStud

However, this view was countered by service users who stated that the reason SUCI has grown over the years within the faculty and the university as a whole can be attributed to the leadership, especially the Dean of the faculty pushing for SUCI.

“So, in terms of my experience of being a volunteer here, that has been a really positive one, we are now expanding to all faculty, I think we are being involved in all levels in this faculty, you know, under the direction of the dean, first and foremost, and other top people within the university” - P29SU

Amongst the nursing staff there was a mixed perception majority indicating that the institution and its leadership have been a great driving force.

“I think, service users and carers involvement has grown in this department due to the insight and understanding, and values key individuals and educationalist” - P18NAcadstaff

Three nursing staff expressed that the institution and its leadership was further inhibiting service users and carers involvement. They explained that involvement was forced on them without prior consultation and that has inhibited their acceptance of involvement. Though, some of these staff acknowledged that they knew about service users input into students' education

via an email but there were no proper discussions, resulting in miscommunication and involvement not carried out competently. However, it should be noted that these nursing staff were already engaging service users prior to its being recognised and formalised by the university. These lecturers felt they were not properly consulted and informed and thus felt excluded.

“To say the truth, I’m probably coming across very critical but I am critical of the system, not of the people, I am critical about the way the university have gone about it... I mean, the way service user involvement was foisted upon staff in here was wrong, there was little staff opportunity to feedback”- P8NAcadstaff

Overall, participants’ views of the motivating and inhibitory factors of practicing involvement have shown that SUCI as a regulatory requirement by PRSBs of health and social care courses is a major driver. However, participants agreed that seeing the beneficial outcomes in students’ education soon becomes the main motivator for conducting involvement. Hence, this study has demonstrated that SUCI as a regulatory requirement by PRSBs might be the first and most important motivating factor for involvement. However, its beneficial outcome to health and social care education soon replaces this drive and turn out to be its main motivating factor.

Furthermore, service users and staff past positive and delightful experience of involvement as well as the altruist nature of service users were also identified as other essential motivating factors. Also, allocation of staff time as well as the institution and its leaderships are both potential motivating and inhibitory factors. Both factors were pointed out as essential determinants of the extent academic staff engage service users in educational activities. Other drivers of involvement coincide with beneficial outcomes to students’ education and participants’ concerns about service users and carers’ involvement and will be discussed in subsequent sections.

II. PERCEIVED BENEFICIAL OUTCOMES OF INVOLVEMENT TO PARTICIPANTS

This theme describes how service users and carers' involvement has positively influenced all three participant groups. Generally, all participants perceived that service users and carers' involvement have been very beneficial to them. Analysis of participants' views identified two main beneficial outcomes for each participant group. There appears to be some similarities in the beneficial outcomes identified by staff and students with both expressing similar ways service users and carers' involvement have positively influenced their skills, attitude and behaviour.

Majority of the staff indicated that the beneficial outcomes to students have made their experiences of involvement positive and also constitute one of the motivating factors for practicing it. Nearly all service users pointed out that the positive feedback received from students and lecturers have continued to motivate them to volunteer. Figure 15 (page 152) shows the thematic map illustrating the perceived beneficial outcomes of service users and carers involvement to the all three participant groups.

The three main sub-themes presented within this theme are:

- A. Perceived beneficial outcomes to students
- B. Perceived beneficial outcomes to service users
- C. Perceived beneficial outcomes to staff

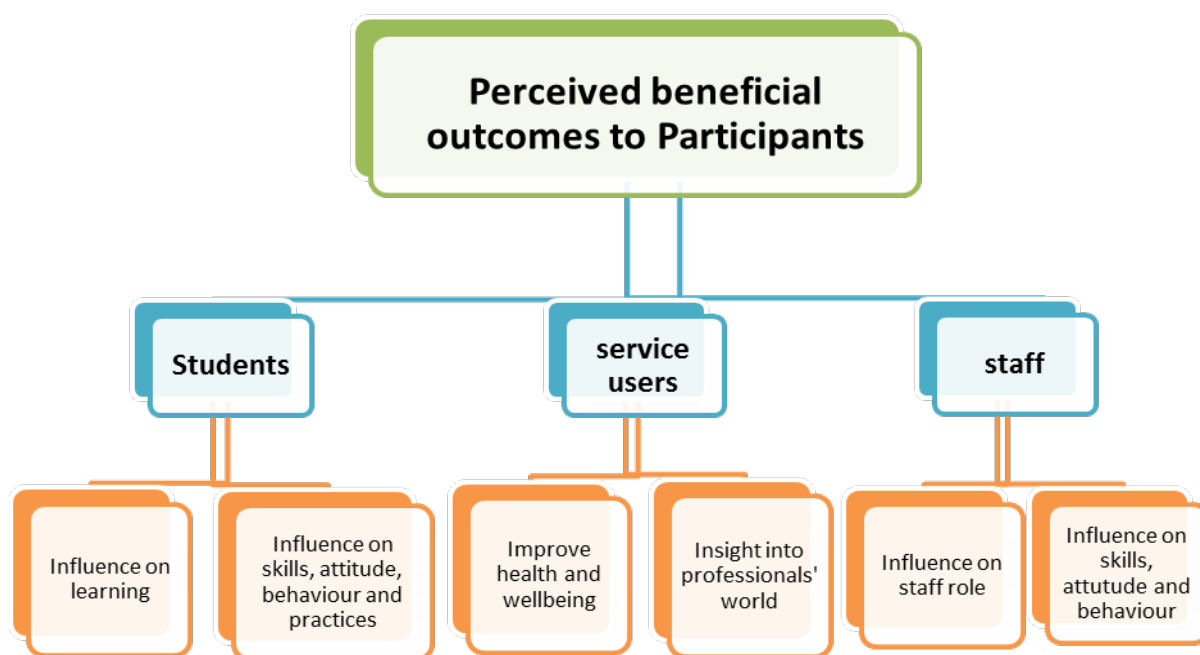


Figure 15: Thematic map illustrating the perceived beneficial outcomes of service users and carers' involvement to all three participant groups

A. Beneficial outcomes for students' education

This section gives an overview of the beneficial outcomes of SUCI to students' education and practices. It was noticed that some of the service users were uncertain of the beneficial outcomes of SUCI to students. These service users expressed that research is needed to prove these outcomes. However, they were still able to identify benefits based on anecdotal feedback received from staff and students.

There was a consensus amongst all participants regarding the beneficial outcomes of SUCI to students. All three participants outlined two main beneficial outcomes

1. Influence of SUCI on students' learning
2. Influence of SUCI on students' skills, attitude, behaviour, and practice.

1. Influence of SUCI on students' learning

Participants' views revealed two main ways involvement influences students learning and these are SUCI ability that makes students learning more rounded and enables students to understand the patient's perspectives in a safe learning environment.

One of the essential benefits indicated by all participants was its ability to make students learning 'rounded'. Words such as 'inclusive', 'robust', 'complete' and 'holistic' were used by participants to express this view.

"Our involvement as service users gives a kind of much more rounded experience for students learning"- P29SU

"It's positive because it presents a really rounded holistic vision of social work to students"- P25SWAcadstaff

"They make the lesson more robust, I would say, so, although they can't go into the anatomy and physiology part, they could obviously tell us about their experiences within trust, NHS, the kind of services that they used.... how happy they are then and how happy they are with the care they've received"- FG1NStud.

Majority of the staff explained that involvement makes students' learning rounded by allowing students to think broadly. Thus, students become more considerate of patients, service users and their carers and not just on gaining knowledge and skills. One social work staff pointed out that service users and carers' involvement ability to make students' learning rounded and more inclusive is very unique and therefore, SUCI is more superior to other teaching materials and methods.

“It (service users and carers involvement) makes the student think much more, much more broadly, not just about the skill but holistic... it enables the students to make sense of those thoughts, those feelings, that feeling of anger, that feeling of anxiety; it helps them process that a little better, because they don’t focus on the what is being taught alone”- P17NAcadstaff

“I think it is more powerful in terms of learning, so I think, it is different and brings that inclusivity to students learning.... you need the real life experiences, you need the emotional component that you actually get from face to face. Re-usable learning objects like talking heads and videos they are all great but I also think it’s really valuable to have people talking and coming in themselves” – P13SWAcadstaff.

Nearly all staff and students also stated that involvement makes students education rounded by merging the theory aspect of students learning within the classroom with the practical sessions on placement. Phrases such as ‘*plug in the gap*’ and ‘*bridge the gap*’ were used by these participants to express how involvement merges the theory and practice aspect of students’ education:

“I do feel it goes a long way between bridging the theory-practice gap”- P17NAcadstaff

“I mean it more or less plug the gap between theory and placement”- P23NStud.

These staff and students further explained that merging of theory and practical session of students’ education is made possible because involvement makes classroom teaching more real and not just about transfer of knowledge from textbooks, journals, and other teaching materials. This is because the knowledge emerging during involvement is from real people with genuine life experience:

“It makes you feel more like the people you are talking about are real, rather than its theory.... It’s just made my theory more practical, more relevant as well”- P1NStud

“I find it really helpful because rather than reading from text books and case studies you know, you could interact, engage and you could ask questions... it valuable because it’s real I suppose”- P5SWStud

“By involving and collaborating, and working in partnership with service users and patients who are experienced in their care, experienced in their condition, experienced in their access to care services, by, actually having people, real people, involved in the delivery of education, provide an opportunity, for students to think and also to have some challenging discussions about what’s taught in the university settings and what’s real in practice, so it makes the session real, it makes education real”- P18NAcadstaff

Moreover, service users and carers’ involvement ability to merge theory and practice aspects of students’ education was considered important by more than half of the nursing staff participants. This is because students often find it difficult to integrate both theoretical and practical knowledge from the classroom and placement respectively.

“I think it is good to have service users away from practice involved because, we have problems with students thinking it’s like theory side of it and there’s the practice side to it and that they don’t mix and there is one or the other and I think having service users outside of practice involved with the theory helps that kind of, hmm it helps all go hand in hand, rather than too separated, it helps it to fuse together a bit better”- P11NAcadstaff

Over half of the nursing students also admitted that the integration of both theory and practice was difficult.

“When you are in the theory environment sometimes it is difficult to visualise what that theory looks like in practice and to see how people might think about, feel about that. Having service users there makes the theory real; it means you can actually relate that theory directly to what is happening to individuals”- P1NStud

Those nursing staff admitted that bridging the gap between theory and practice can be sometimes challenging for them as pure academics because as lecturers they are more in the academic than clinical/practice environment. Thus, involvement helps to achieve the merging of theory and practice in ways academics might find otherwise difficult to achieve.

“It (SUCI) not like listening to a lecturer who may be is removed from what is happening in the clinical area, this is straight from the horse’s mouth if you like, you know, they are hearing from the patients themselves”- P10NAcadstaff

However, one Social Work academic staff acknowledged that merging both theory and practice could be problematic resulting in imbalanced knowledge. This person explained that this imbalance of knowledge occurs as a result of students being carried away with satisfying the service users and carers in a way that compromises basic principles of health and social care taught in the classroom. This person gave an example of some students expressing that they will satisfy a child’s wishes and feelings contrary to the laws and ethics about children’s welfare. This staff went further to reiterate that it is the merging of both theoretical and practical knowledge in a balanced way that is useful to students’ education.

“The problems sometimes are when they (students) have not put it together with the knowledge...there was a couple of students who in their feedback said you should always go by the child’s view, wishes and feelings or something like that.... To me there is two kinds of knowledge, you know, your academic knowledge, your law and everything else, there are also service users’ experiences, you need a synthesis of the

two. You can't just have one kind of knowledge to be a good Social Worker or probably Nurse, you need to put the two together"- P13SWAcadstaff

Majority of all participants also pointed out that involvement makes students' education rounded because it provides a platform for students to listen and understand the perspectives of service users. Nearly all staff explained that those perspectives of service users are not necessarily new to students but it serves as a good reminder and further reinforces the importance of taking on-board service users perspectives.

"So, you know, to listen to someone like that who is a service user, really, change my perspective of, because she has got the medical knowledge, but she got the service user knowledge as well, and it was really inspirational, I am now taken into consideration the service users perspective while giving care"- FG2NStud

"I think the only thing we (service users and carers) can judge is that if we give them a true insight into the service user and carer perspectives that sets them thinking, not only from a narrow professional view that they have had in here and that they NORMALLY WILL get from an academic point of view... but also, what would it be like to be in that other person's shoes; the shoes of the service user or the carer- P28SU

"It is good for students to be reminded of the concerns of service users and carers perspectives. That not to say those perspectives is alien to students because many of them or all of them will be or will have been a service users or carer at some time. It just to remind them that professionals should take into account those experiences when they are doing their professionals jobs" -P19SWAcadstaff

Furthermore, these staff expressed that this reminder to students about acknowledging service users' perspectives is very important because there will be scenarios where students' views will contradict those of service users and carers. Thus, service users and carers' involvement helps students realise that

service users have the power to make choices and express autonomy. This further breaks down any preconceived views about health and social care decisions centred wholly on professionals' perceptions. These staff used the phrase 'expert knows best' to indicate how professionals might use their power and position in making choices for service users.

" It gives students a message that in the end they are the people that matter and that they have got an opinion and a view in their own right about what is helpful and what's not and that students shouldn't be approaching things from a professional perspective in that sense of the professional knows best, you know, that they must fundamentally start from where the service user is and work with that and be respectful of that"- P16SWAcadstaff

More than half of all staff and majority of service users also expressed the view that hearing service users' perspectives puts their voices central to students' education. This further reminds students to ensure that service users are involved in the delivery of health and social care services.

"Being able to see things from another point of view.... I think that they become more aware of the little things and how important that is.... I think they are more aware of what is important to service users so they are less likely to miss something or to do something inappropriate... They are thinking differently in their assessments, they are thinking more from a service user perspective, how something might feel"- P13SWAcadstaff.

"I really feel the service users/carers involvement is ultimately helping students that are produced, as they go out to the outside world, to do whatever it is they want to do... they will be ensuring that service user/carer perspective is first in their care"- P32SU.

Almost all students agreed to this notion stating how service users and carers' involvement have ensured that services delivered are reflective of service users' perspectives.

“it informs my practice, which I think is key because we need to make sure that whatever service users, I mean this is my opinion, whatever service users think and feel about the service they get we need to make sure that’s built into whatever practice I give to them”- P7NStud

Another way involvement makes students' education rounded is its ability to give students insight into how service users and carers' feel and translate their health and social care problems. More than half of all staff and students participants explained that this is achieved because involvement provides the forum for students to listen to service users' experiences and also ask important questions. Some of these students said listening to the service users was very 'eye-opening' because it helps to understand what service users, patients or carers consider important. For example, one nursing students indicated that some students like herself might not have had any illness or caring experience, so listening to service users and carers provides the insight which helps to ensure excellent health and social care services are delivered:

“You can get a better insight into it (patient’s illness) and they can get a better insight from you. It’s just a better understanding really isn’t it?....cause unless you’ve been in that position, like for me I haven’t, last time I was in the hospital, was maybe as a child so I can’t really remember, so unless you’ve been in that position yourself you don’t really know what it feels like, like, a lot of students might not have been in hospital so they don’t actually know what it feels like to be a patient”- P4NStud

Less than half of nursing staff also stated that this form of students' participation whereby students engage service users in discussions and ask pertinent questions usually does not happen and can be sometimes difficult to achieve.

Further questioning of these participants to ascertain the reasons for poor students' engagement with service users revealed that some sessions had not been properly facilitated by the staff. These academics concluded that better facilitation could greatly improve such sessions.

"I don't think they (student) quite get what it is about. I think some students do but some don't. I've sat with a group of students and the service user has been there sat at the side of me and they have not asked the service user one thing. They have just had their interactions and their group discussions but they haven't opened it up to involve the service user, so I don't know what they think the service user is there for.... I think perhaps we need to facilitate more the discussion and the debate and say well this was 'Mrs Jones' experience or perspective, what do you think about that and what can we gain from that'. I think that needs to be facilitated, that discussion and debate"- P12NAcadstaff.

These nursing staff also expressed that this form of student engagement with service users might not always be pleasant and could be confrontational in some instances. However, those staff said that such confrontational and heated debates could be valuable for students' learning, but the academic staff should be prepared to facilitate such sessions should such situations arise.

"Also, debates can get very heated, which is absolutely fine, but again, I think it's about PEOPLE VALUING each other. I know in some, as a practical example, the one session that I did with a service users sitting on a panel, discussion panel, there was concerns, by the service users about aspects of care quality and one student nurse was feeling really fired up and angry, cause she felt she was a really good nurse, she was really, really caring for patients, and, that, that wasn't reflected, in the service user feedback, so, you know, you have to be prepared to have DEBATES and for that to be facilitated well"- P18NAcadstaff.

The second essential benefit of involvement to students' learning pointed out by nursing academic staff and students is its ability to create a safe learning environment for students. This is because it creates an environment in which students can learn without any fear of causing harm to patients and service users. This safe environment also allows students have discussions with service users which would normally be deemed inappropriate to a vulnerable or an ill individual in the clinical/practice settings. Also, these participants made clear that this sort of safe learning environment is as near real life as possible.

“You learn a lot from service users that come into the university in a safe environment... for instance, when you are out in practice you are there as a student nurse and you are there to practice whereas in a university environment you can ask questions and it's safe to ask those questions and get the answer wrong. Not that it's not safe in the hospital setting; it is but it's a completely different setting. You're in relaxed mode when you're in university, when I say relaxed I mean sort of, you know what I mean. Not that you're sitting back laid back but you haven't got the pressures of caring for that patient, you haven't got the pressure of hmm, if you don't do something that patient can be seriously hurt”- PINStud.

“It enables the students to practice in a very, very safe environment but as near to true life experience as possible”- P17NAcadstaff

Overall, participants highlighted that involvement have positively influenced students learning. Majority of the service users and staff participants pointed out that students' feedback about involvement were generally positive. Only one nursing academic staff indicated an occasion where students had not given a positive feedback because the service users were perceived as using the involvement platform for their personal gain.

“I can say we have had some service users who have been evaluated quite poorly and that is often because there have been people coming in to use the service user forum as a forum to excise issues that they have had in their own experiences”- P9NAcadstaff

However, most of the students stated that it was valuable for learning and the service users also felt it had been highly rewarding.

“Overall, I found it really helpful and interesting.....it’s always been valuable for learning”- P5SWStud

One nursing staff member made clear that involvement was very valuable and instrumental to students’ education because it helps to achieve the module outcomes in a way that is easily understood by students. A nursing student supported this view stating that she and her colleagues grasped so much from a session with service users and she has not forgotten it.

“I think they help the students to achieve the module outcomes, because hmm, like for instance the service users who have taken part in research, they come specifically to a research module and there are learning outcomes that the students have to achieve which are to aid their understanding of the research process, their understanding of ethics within the research process; so they are achieving those learning outcomes by listening to service users”- P10NAcadstaff

“I mean you can ask us about a lecture from last week in a normal classroom we wouldn’t know but we still remember the service users that came in that day and that was about a year ago, so easily you draw it in a lot more, its more focused you are more interested in it”- FG2NStud.

All in all, it can be stated that all participants acknowledged that involvement makes students’ education rounded by helping students gain insight into service

users and carers' health and social care problems. Also, it ensures that students hear service users' perspectives and implement such perspectives into their practices. Additionally, service users and carers ability to merge theory and practical section of students' education as well as create a safe learning environment which is close to real life scenarios makes it outstanding.

Taking everything into account, it can be concluded that participants perceived involvement as being very valuable to students' education and with few modifications, its positive influences on students' education can be greatly enriched.

2. Influence of SUCI on students' skills, attitude, behaviour, and practice

There was a general consensus amongst all participants that service users and carers' involvement influenced students' skills, attitude, behaviour and practices. Participants identified five main outcomes, these are: transferable knowledge and skills; better interpersonal skills, critical reflection; challenge students' worldview; and person-centeredness.

Participants indicated that involvement influences students' skills, attitude, behaviour, and practices immensely because the knowledge and skills gained by students as a result of service users and carers' involvement during a classroom session is transferrable to practice. Some nursing staff and students explained that this occurs because it allows students to think thoroughly and consider their practices. Overall those academic staff and students considered that the knowledge and skills gained from having service users and carers' involvement when applied will help improve students' practices as well as avoid bad practices.

“I think it does help to transfer what they have learnt in the classroom, it enables them to think about what they were doing with a real patient, the thoughts, the feeling, the

empathy, what it felt like for that person; it does make them think differently once they are out there” - P17NAcadstaff

“I learnt a lot from it because I mean what they said and the way they answered, things that they did like and they didn’t like about their care means that when I go out in practice I take that on board” - PINStud.

One service user affirmed this view and gave an instance where a student testimony had reflected how involvement has helped them to develop knowledge and skills which they are now utilising in practice.

“it really struck me, when at the conference when there was a nurse in the auditorium who had trained here, few years ago and remembered the service users who had actually interviewed her that day, out of, and, and that interaction has made a big impression on her that she was taking with her into, into the ward every day, as she, she carried out her role, now, as a fully qualified nurse” - P22SU

All participants agreed that service users and carers’ involvement impacts greatly on students’ interpersonal skills. A range of interpersonal skills such as: verbal communication, empathy, listening, showing respect, decision making and problem solving skills were identified. This is because it serves as a good reminder as well as reinforces the importance of interpersonal skills to students’ practices.

“It helps their inter-personal skills.... It helps their listening skills...I think empathy maybe and being able to see things from another point of view” - P13SWAcadstaff

“I suppose more empathetic and understanding of what they are going through... probably have a lot more patience....I suppose more understanding” –P2SWStud

“Like, you know, it reminds students the importance of good communication or, the sort of care and compassion”- P32SU

Almost all participants expressed that service users and carers' involvement makes students critically reflect on their practices. The phrase 'stop and think' was used by staff and students to describe this critical reflection that occurs as a result of SUCI. Participants expressed that this critical reflection makes students more thoughtful and considerate of how their role potentially influences patients, service users and carers.

“I think for other people it is making them 'stop and think' and examine their practice and to think what they can do to improve the carer's experience”- P15NAcadstaff

“It makes you 'stop and think... You really get to think 'why didn't I do that in practice'- P3NStud

Most academic staff and service users also indicated that the critical reflection brought about by SUCI helps students to further develop some interpersonal skills such as empathy. Furthermore, it allows students recognise areas within their practice that needs further improvement. And to think differently which ultimately impacts on how services are delivered while on placement.

“I do have more qualitative evidence from students who have experienced, patients and service users, in the delivery of education that's it made them go away and think and that's impacted on the care of patients”- P18NAcadstaff

“Well, when you actually go out into placement, I am a very compassionate Nurse anyway and my patients always come first, but sometimes it is possible, we are only human and we can miss that little extra and these sessions that we've had make you

‘stop and think’ so when you are delivering care you are able to just ‘stop and think’”- P3NStud

One social work staff stated that service users who are not properly trained and skilled are unable to make students thoroughly reflect on their practices. However, this person acknowledged that the few service users and carers who are skilled are able to ensure that sessions delivered make a student reflective.

“I have tried in various ways also to engage services users and carers to work with students to reflect on their practice.....To be honest I think that’s quite a sophisticated skill to be able to do that and I think that’s worked. Some service users and carers have kind of grasped that and gone with it and I think for other people it’s been a bit more difficult”- P16SWAcadstaff.

Some participants’ especially social work academic staff and students also indicated that service users and carers’ involvement challenges students’ worldview. This is because involvement stops students from being judgemental and making assumptions based on their own personal opinions, values and beliefs. Thus, any misconceptions and myths that could potentially, negatively influence health and social care service delivery are addressed.

“It helps them learn not to make assumptions or judgement, that every person is different”- P13SWAcadstaff.

One social work lecturer further explained that addressing these misconceptions is very important especially for undergraduate students who might have less experience of health and social care services.

“Yes, I think particularly for pre-qualifying students because the students we have on the pre-qualifying program are a big range but there is a good proportion of them who

haven't got experience of practice before they come, so they have got some idea of what social work practice is about, they've got some idea of the kind of situations they are going into and will be dealing with but not much; so exposure to these kind of stories first hand is a revelation to them I think. I mean I've had students say 'I thought people with mental health problems, you know, it amazed me that they could talk like that'. They have all sorts of preconceptions about people with mental health problems so it can blow those myths away really" – P16SWAcadstaff

More than half of the nursing students also supported this view stating that involvement has allowed them to lay aside their own opinions and not quick to make assumption and judgements. These students explained that they are more willing to acknowledge service users' perspectives and ensure that services delivered are reflective of service users' perspectives.

"I think from the inspirational part, I think it gave me an open mind as to, you know, try and delve further into people's illness, before you try, kind of, I'm going to use the word 'judge', because even as a Nurse you are going to have your own mind and your own perspective and regardless of what people walk through that door with you are always going to have your own view"- FG2NStud

Another essential beneficial outcome of involvement identified by nearly all participants is its ability to make students more person-centred. The phrase 'see person' was used by these participants to explain the person-centeredness brought about by service users and carers involvement. This is because involvement reminds students of the importance of placing service users and carers at the centre of health and social care. One service user explained that their involvement promotes person-centeredness because those classroom-based sessions are good ways of exhibiting the individuality of various persons receiving health and social care services in everyday practice settings. It

provides the platform to display the various ranges of patients, service users and carers that students could potentially encounter in practice. Thus, it reinforces the belief that each patient or service user is an individual who is unique in their own way.

“what you get when you have a panel of, of 3 different, completely different and completely unique service users and carers together, is, it gives it a kind of much more rounded experience for students learning, so that you get hmm individual case study material, if you like, hmm, from each one, but there will also be strands from the three of us sitting there that we have in common even though our situations are different and there will also be other parts of our stories that are completely different from one another and, and that again, helps to get across that message, that, that, we are ALL INDIVIDUALS and everybody, experience of illness or experience of the health care services will be UNIQUE but there’s still some common strands, that, hmm, shines through”- P22SU

Majority of the adult Nursing students indicated that involvement promotes person-centeredness because it places the individual as the focal point of health and social care. Thus, it ensures services are delivered in a holistic manner. These students further clarified that involvement has been very instrumental in their education as they are more attentive to the individual rather than focusing just on treating the illness. They stated that it had made them recognise patients or service users as individuals and not bed-numbers or hospital numbers.

“I think going forward from that it does give you that ability to see them as a person.... instead of an illness sort of things” – FG2NStud

“nursing student Voice 2: You tend to see them as human beings, I think you can recognise them more as being human...nursing student Voice 1: yes, not just a bed number”- FG1NStud

One nursing lecturer highlighted that service users and carers' involvement promotes person-centeredness in students' education because it fosters better understanding of what person-centeredness entails. This participant explained that carrying out involvement further exemplify and portrays to students that academic staff are believers of person-centeredness.

“I think it’s probably making nurses more acutely aware of involving patients, empowering patients, more choice and autonomy for patients and particularly in my module we do stress all of these aspects; they are really aspects of person-centred care really. I think sometimes we say these words to students ‘person-centred care’ and say well what does that mean in reality? For me in reality it means those things and possibly by bringing the service users in and trying to work with them in that way we can role model how we should be working out there in practice for service users”- P12NAcadstaff.

Majority of the staff questioned whether service users and carers' involvement truly portray the different array of service users, patients and carers encountered by students. These academics indicated that the service users group is not representative and in reality, do not display the typical diverse population encounter by students in their practices. This concern about the non-representativeness of service users is further discussed within ‘the concerns of participants about SUCI’ later in this chapter.

Generally, the findings of this study have identified that service users and carers' involvement influences students' skills, attitude, behaviour and practices. This is because the knowledge and skills gained within the university environment is subsequently transferred into the practice/clinical settings. This further allow students to avoid malpractices at the same time improve their practices. Also, it not only helps students develop interpersonal skills but equally reminds and reinforces the importance of those skills in practice.

Furthermore, this study has suggested that service users and carers'

involvement facilitates critical reflection of students' practices as well as challenge their values and beliefs such that students are now more thoughtful of their actions and less judgemental. Also, it impacts on students' skills, attitude, behaviour and practices, because it makes students embrace the concept of person-centeredness as well as gain better understanding of what person-centeredness entails.

B. Beneficial Outcomes for Service Users

This section will discuss the beneficial outcomes of service users and carers' involvement for service users. It was noticed that just a few academic staff pointed out these beneficial outcomes. This could be attributed to the staff interview questions not containing prompts about the beneficial outcomes of involvement to service users; however, some staff deemed it important to speak about these beneficial outcomes. Student interview and focus-group questions did not contain prompts about the beneficial outcomes to service users and this could be reason why only one students made mention of a beneficial outcome.

Two main beneficial outcomes emerged from this study: SUCI ability to improve the health and wellbeing of service users; and its ability to give service users insight into the health and social care professionals' world. Thus, this section will explore the beneficial outcomes to service users.

1. Improve health and wellbeing

All service users indicated that their health and wellbeing had been greatly improved as a result of engaging in students learning. This view was equally shared by less than half of the academic staff and one student. Words like '*cathartic*' and '*therapeutic*' were used by these participants to express how SUCI had improved service users' health and wellbeing.

These participants explained that involvement improves service users' health and wellbeing by providing a relaxing environment that allows service users speak about their health and social care problems not in a negative manner or as someone on the 'receiving end' of services but as experts with great pride because something positive has emerged from their illness or caring experience.

"What has happened is that in doing this, not only for myself but for many others, speaking to people within the service user/carer groups, which is now called SUCCESS basically, is that it is in some ways cathartic for your own health to talk about this, you know, and get it off your chest and unload yourself really – and it has that effect of being good for us in what we do as service users"- P21SU

Both service users and these staff indicated that the roles assigned to service users while volunteering are equally therapeutic. This is because when such roles are carried out it mirrors what takes place in clinical/practice settings and equally creates a favourable atmosphere to share health and social care problems. At the same time service users are able to get feedback from staff and students without feeling vulnerable. An example of a member of staff comment illustrating this view is presented:

"Sometimes when I have had role played with service users they have said to me 'that was beneficial for me in my condition, for my health. That's really helped me, that's been therapeutic.' They've said to me"- P12NAcadstaff.

Both service users and two social work staff highlighted that service users and carers' involvement improves the health and wellbeing of service users because it keeps service users active and not overly worried about their health and social care problems. These staff and service users used words like 'Stagnating' to express how service users could potentially be pulled down as a result their illness. Thus, it provides the opportunity for service users and carers to stop

feeling like they are deteriorating as a result of their illness or caring role. Instead, it creates the chance for service users to take a break from the pressures of their illness or caring role and focus on the positives arising from their illness and caring experience. Three service users and two staff explained that the new ideas, roles and challenges brought about by engaging in service users and carers' involvement also prevents service users from feeling like they are stagnating because it gives them something to look forward to, hence, it improves their overall health and wellbeing. At the same time, service users have found it very delightful and rewarding which further helps to improve their wellbeing.

“I think it improves our health, if it only takes, you know, us away from a stressful situation for a period of time. You know you always have to go back to your stressful situation as I would do as a carer and to get away from it and to feel that you are doing something positive for other people, I think is important as well”- P21SU

“So, on one hand, it helped my recovery.... It given me a mental work, from you know, being very much stuck at home to sort of exploring new ideas and, and contributing to discussions, and, hmm, what have you- P22SU

Moreover, majority of the service users and carers indicated that the social network generated as a result of volunteering have been instrumental in improving their wellbeing. This is because the service users group could be viewed as a self-help group where service users support one another by sharing their health and social care problems. Additionally, the service users group also helps service users receive insight on how to manage their condition in a non-stigmatising manner. Furthermore, the social network also fosters good relationship amongst service users and some academic staff alongside other university staff. Also, the social networks have been very instrumental in improving the health and wellbeing of service users.

“I think it improves our health, it takes us away from a stressful situation for a period of time and when we meet, we share our problems sometimes with each other... You know you always have to go back to your stressful situation as I would do as a carer and to get away from it, is really good for one’s health”- P31SU

“It helped to sort of in social ways, hmm, meeting people, talking to people, I have met some lovely people, you know, both staff and fellow service users and carers... we learn from each other, we got feedback from each other”- P22SU

However, less than half of the staff and one student expressed that they sometimes worry if the role is disturbing to the service users and could potentially re-open trauma in their lives. Participant views about the possibility of assigned task and roles negatively impacting on service users are further discussed within the concerns of participants later in this chapter.

The findings of this study suggest that involvement improves the health and wellbeing of service users because it provides a therapeutic environment where health and social care problem can be shared in a way that positively contributes to students’ education. Although, few staff members and a student questioned if such roles are therapeutic. However, there appeared to be a stronger perception by all service users and a few academics that the roles assigned to service users are equally therapeutic.

2. Insight into the professional world

Analysis of participants’ views showed that service users gain more insight into the health and social care profession as a result of service users and carers’ involvement. Both service users and academic staff acknowledged that it allows service users to become knowledgeable about the challenges encountered by health and social care professionals. This is because it creates a learning

environment that fosters a two-way communication system which allows service users express their views about health and social care services as well as listen and understand professionals' views. Hence, it creates an empowering environment in which service users can indicate their views and concerns at the same time listen to professionals' view on a more equal level. One service user comment illustrating this view is presented below:

“Getting involved in this (SUCI), gives you an insight as well into the problems of the professions. You see what their problems are. So it is a two way thing. They are getting to hear about your problems and you are also getting to hear about the perspective from their side of the fence”- P21SU

Less than half of the staff stated that the insight gained as a result of involvement is very advantageous. This is because it makes service users more thoughtful and considerate, thereby realising that professionals also want the best outcomes for patients and service users just like themselves. These lecturers further emphasised that it allows service users to recognise that not all professionals are as cruel and inhuman as assumed or sometimes portrayed by the media. Thus, it breaks down misconceptions and myths about health and social care professionals.

“You have got the service users asking the question about why or what do you think is important and what would you do and so they get that insight as well and confirmation that, you know, not everybody is bad, some people are knowledgeable, some people are caring, some people are compassionate and getting to speak to student nurses they do show that, they are demonstrating that and they get the realisation that, I suppose, people do care”- P14NAcadstaff

However, two nursing academic staff questioned if empowering service users by virtue of having an insight into health and social care profession is beneficial. These staff worried that empowering service users has resulted in some sort of

power imbalance, because service users are now viewed as 'experts'. Also, these staff stated that such 'experts' service users have access to top leaders within the health and social care sector which some staff may not be privileged to easily access. Moreover, these two members of staff indicated that such power could potentially be misused. One gave a scenario illustrating their view that power given to service users could be misused to manipulate health and social care professionals. This staff claimed that such professionals could be forced to satisfy those service users or carers because of the fear of being reported to top leaders within the health and social care sector:

“As soon as a service user goes into hospital and says actually I’m an ‘expert’ patient at the university of wherever then straight away they are going to have a very different experience.... of course, their treatment has been wonderful because the nurse and doctors are petrified about what this person might report back to the CQC or anyone really, you know Health Education England or the Department of Health even, so I think we need to recognise that as soon as you become a service user with a contract you actually become very, very powerful indeed”- P8NAcadstaff

One social work lecturer highlighted that SUCI further makes clear the power held by academic staff as well as the responsibility and the implication of such power in potentially promoting or demoting the reputation of the university. Additionally, this staff participant indicated that the power held by staff is very crucial as it potentially determines the next generation of health and social care professionals.

“it has me realise what an incredible responsibility I have got when I am saying a student should or shouldn’t pass and how important it is for the reputation of the university as well that we are producing good Social Workers with good inter personal skills who can do that incredibly demanding job really” P13SWAcadstaff

More than half of the service users reported that they have become more knowledgeable as a result of volunteering because it creates the opportunity to see the advancement that has taken place within the health and social care profession over the years. Thus, service users and carers' involvement makes service users more current about health and social care professions.

“Perhaps learning a little more how things have advanced. I have seen how medical science and here in practice have moved in my lifetime to a certain extent but I haven’t been closely involved but over these last few years, being involved I can see how much more detail goes into things”- P20SU

Overall, service users and carers' involvement gave service users an insight into professional world in an empowering manner that promotes both the voices of service users and also listens to the professionals' view at a more equal level. Although, a few staff questioned how beneficial empowering service users will be in the long run. Another staff felt that service users and carers' involvement serve as a great reminder of the huge responsibilities staff have in producing competent professionals in the future.

C. Beneficial outcomes for academic staff

This subtheme was one that generated a lot of surprises within this study; in fact, it is one of the main highlights of this study. Only the lecturers' interview questions contained a direct question about how service users and carers' involvement had influenced them personally. Interestingly, many of the academics were taken aback when asked this question and admitted that they have never thought about the beneficial outcomes to themselves, rather they have only considered and reflected on the benefits to students. This often led to staff requesting more time to reflect on this question.

Perhaps, the reason staff were surprised could be attributed to perceiving themselves mostly as 'givers' or 'holders' of knowledge and expertise that is transferred to students. These staff members have probably never pictured themselves as potential recipients of the benefits of involvement. However, they were able to identify some beneficial outcomes following a thorough thinking.

Although, service users' interview questions did not contain a prompt about its benefit to staff, all service users highlighted some beneficial outcomes based on their observations and experience of working with staff. Also, students' focus group and interview questions had no prompts about its benefit to staff, yet a few students indicated some perceived benefits.

Analysis of all participants' views revealed two main beneficial outcomes, which are its influence on staff role as well as its influence on their skills, attitude and behaviour. Its influences on staff skills, attitudes and behaviour was reported by staff only. Furthermore, all participants identified three main ways it influences staff role, of which two of were mentioned by both service users and academic staff, these are: SUCI ability to complement academic staff role and keep knowledge updated. In addition, both staff and students admitted that involvement improves academics teaching style.

Therefore, this section will begin by discussing the influence of service users and carers' involvement on staff role by describing how SUCI complements academic staff role, informs staff teaching practice and improves teaching styles. Thereafter, its influences on staff skills, attitudes and behaviour are explored.

1. Influence on staff role

Majority of the academic staff acknowledged that service users have been very helpful to them because they complement their role. Staff explained that it is the service users' experiential knowledge that complements their role. Furthermore, these academics made clear that the experiential knowledge makes their

teaching session real and powerful, at the same time helps to bridge the gap between theory and practice. The nursing staff admitted that without involvement, their teaching would not be holistic as it will just be theoretical knowledge because they are detached from what is currently going on in practice/clinical areas. Service users equally support this view as they stated that the service users' perspectives in students' education complements academics staff teaching thereby making students' education more rounded.

"From a personal point of view I also quite like it because I am not in practice that often anymore and I only practice occasionally...So I think having them involved in it stops it from being a paper exercise, it stops it from just being theoretical, it puts true meaning for what we are trying to achieve for students"- P27NAcadstaff

"It is also helpful to the lecturing team...you know there is a thing about putting lots of heads together, you know you get more ideas come out of it and the more perspectives you cover, the more likely you are going to a good result, more of a rounded result"- P30SU

Majority of the academic staff pointed out that this experiential knowledge is very powerful and cannot be easily replaced by reading books, journals or other educational materials. One nursing staff went into great details as to how useful this experiential knowledge is by giving an example of teaching on a particular health condition and then inviting a service user to speak about their experience of living with the illness. This staff concluded that not only did the service user complement the teaching session, but it was equally refreshing for the students and further aided their understanding of the health condition:

"I think it is refreshing, they complement my role because I can give so much to the students but what the service user can give complement what I have to give. So I may give a lecture on Parkinson's disease but that would be a theoretical lecture so I can only give so much. If I do maybe an hour on Parkinson's disease and then I bring in a

service user who can then talk about their experience of having Parkinson's disease that compliments what I have to do"- P10NAcadstaff.

However, two nursing academic staff argued that they are equally able to bring experiential knowledge to students' education. They claimed to be service users or carers in their own right and are very much in tune with clinical/practice settings. One of these staff explained that on many occasions, academic staff are not recognised as service users or carers who engage with health and social services and that is why statutory bodies, government and the university assumes that only service users and carers can bring the experiential knowledge needed for students' education. This staff described this lack of recognising staff as potential service users or carers as an '*artificial disconnect*'.

"I think there is an artificial disconnect. They seem to forget that the academic is the sort of person that lives and works in the environment and is a service user of services in their own right and it's almost as if you're an academic you've never used the services... I think we see, umm, the thing is with health services and social services is everybody uses it and everyone has an experience as a service user... what happens is I'm an academic and a service user so I can look at something from both hats... academics, who are, especially in the school of health professionals, we are all in our 40s and 50s, we have all got parents who are in their 70s or in their 80s or they are dead, or we have our own sort of degree of health problems so we are service users"- P9NAcadstaff

These two members of staff concluded that they do not see the need to carry out service users and carers' involvement, since they view themselves as either a service user or carer. Therefore, service users and carers' involvement have had little or no benefits to them as academics. One of the staff pointed out that although he still carries out involvement but this is majorly to satisfy the regulatory requirement of PRSBs and because service users are readily

available and cheaper than using real actors.

“I am only doing it for pragmatic reasons because we do it, I see myself as a carer and a service user, but we have no choice but to do it because the NMC forces our hand”- P8NAcadstaff.

Moreover, more than half of the nursing staff and nearly all service users indicated that service users and carers' involvement keeps academic staff informed of current opinions and practices about health problems and services. These staff stated that being informed by service users keep their knowledge updated and equally makes students education current and relevant. This is because they are able to easily identify areas within students' education that needs to be updated. One nursing staff gave an example of how attending a session where a service user was presenting updated his knowledge about current treatment options.

“Well I learn, I learn from them, if I sit in on their presentation I learn about what the current, like what the current treatments are for instance, and I may be out of touch with some of the current treatments whereas if I hear it from people who are currently being treated then that improves my own knowledge”- P10NAcadstaff

More than half of staff expressed that service users and carers' involvement has a positive impact on students learning. This is because it fosters students' engagement that enables students and service users interact in a relaxed environment and discuss pertinent issues about health and social care problems. This view is supported by nearly all students stating that this is a more effective way of learning because it provides the opportunity to ask service users questions and gain insight about service users' perspectives. One nursing student strongly affirmed that this style of teaching is more enjoyable and aids better understanding of health and social problems and also that students are less likely to forget sessions with service users. This student went

further indicating that she can vividly remember the encounter with service users which was over a year ago; meanwhile she can only recollect few information of a week's old lecture.

“Having a service user there offers a different type of learning style and allows the student to synthesize, evaluate, you know some of the question, also ask questions as well about what their concerns or issues are direct to the patient and not directly to a lecturer who is there as an academic. Well directly to a service user gives them that insight and confirms what it is they are thinking” - P14NAcadstaff.

“it would benefit students learning and the reason for that is as I say we can remember something from a year and a half ago because it was interesting, and we really enjoyed it, but as for something that we read on the whiteboard last week, I can't remember that” - FG2NStud.

A small number of students and less than half of staff participants acknowledged that in some scenarios students do not engage with service users. For example, students might not seek service users' perspectives about health and social care problems. One service user stated that students' behaviour on few occasions is appalling and that could affect the way they interact with students in the classroom

“I haven't been very pleased with the behaviour that some of the students have exhibited in some lectures, they have been particularly uncooperative and bad mannered on some occasions, you know not only to me but even to their lecturers” - P32SU

Interestingly, both these staff and students admitted that the service users are not to be blamed for this non-engagement by students. Nevertheless, these staff recognised that it is their role to facilitate the sessions better and ensure good engagement in a way that it is relevant and meaningful to students' education.

“I don’t think they (student) quite get what it is about. I think some students do but some don’t. I’ve sat with a group of students and the service user has been there sat at the side of me and they have not asked the service user one thing. They have just had their interactions and their group discussions but they haven’t opened it up to involve the service user, so I don’t know what they think the service user is there for.... I think perhaps we need to facilitate more the discussion and the debate and say well this was ‘Mrs Jones’ experience or perspective, what do you think about that and what can we gain from that’. I think that needs to be facilitated, that discussion and debate”- P12NAcadstaff.

“one issue I would say, in this case it would be on reflection of the classroom I was, I was in, but there wasn’t that many question and answer afterwards, you know a lot my colleagues students were not sort of answering question that is not, hmm, you can’t really say anything to service users, can you, It’s not really their fault (laughs) at the end of the day”- P6SWStud

Overall, participants have highlighted that service users and carers’ involvement positively influences academic staff roles because the experiential knowledge brought about by service users complement their teaching. However, a small number of staff argued vehemently that they also possess this experiential knowledge. These lecturers perceive themselves as service users or carers and therefore claimed that it had little or no benefit to them as academics.

This study has revealed that involvement makes lecturers more knowledgeable about health and social care problems and services, thereby, making their teaching both relevant and pertinent to students’ education. Also, both staff and students explained that service users and carers’ involvement is a better teaching style that fosters students’ engagement and better understanding of topics being taught. However, both students and academic staff indicated that non-engagement by student does occur and cannot be attributed to service

users'; rather better facilitation by staff could aid better engagement. .

2. Influence on staff skills, attitudes, and behaviour

As previously indicated, several positive influences of service users and carers' involvement on staff skills, attitude and behaviour were identified only by staff. Interestingly, they were similar to the influence to students' skills, attitude, behaviour, and practices. It can thus be inferred that academic staff are equally beneficiaries of service users and carers' involvement. These positive influences include: good interpersonal skills, person-centeredness, critical reflection and changed perception.

Half of the staff participants indicated that service users and carers' involvement has been helpful because it reminds them of the importance of good interpersonal skills. This is because, it not only makes staff teach about the importance of good interpersonal skills, but it also allows them to be more aware of the need to demonstrate those interpersonal skills to the service users and carers they are working with. These staff identified interpersonal skills such as listening, communication and empathy and indicated that these skills have improved by virtue of practicing service users and carers' involvement.

"They kind of remind you of the bits that you might forget, again to do with interpersonal skills and communication a lot of it"- P13SWAcadstaff

"It has taught me to listen even more than I thought I was doing"- P15NAcadstaff

Over half of the staff participants said that service users and carers' involvement serve as both a constant reminder of the need to be person-centred and ensures that the importance of person-centeredness is communicated to students. One nursing staff member also reiterated some of the views made by students earlier about person-centeredness aiding the recognition of patients or service users as individuals and not bed-numbers or

hospital numbers. This academic staff went further to emphasise that meeting the need of individuals and placing service users at the centre of health and social care should be the focus in health and social care and not the financial implications of caring for individuals. Another Social Work staff indicated that the good relationship that has developed between academic staff and service users further makes lecturers more person-centred. This staff explained that this relationship serves as evaluative tool and a great reminder for staff to continually be person-centred. This view is illustrated in the following comment:

“Having service users reminds us that we are dealing with individuals....that we are dealing with people, not numbers, not figures, not money” - P14NAcadstaff

“I think that personal relationship it keeps us all in check so that we are grounded and remember that the most important person is always the service user and positive outcomes for the service user” - P13SWAcadstaff.

Nearly all staff expressed that service users and carers' involvement helps them to be critically reflective of their teaching practice. The same phrase ‘*stop and think*’ used to describe SUCI ability to make students critically reflective of their learning and practices was also used by academic staff. These staff indicated that it makes them more thoughtful of what is important to service users and this has subsequently resulted in students' education being more service user focused. Another lecturer pointed out that this critical reflection also helps staff to evaluate their teaching practice such that areas within students' education that requires further involvement is identified and acted on.

“I think they made me stop and think when I was developing my second year module that I spoke about earlier we involved service users in a focus group and we asked them what did they think was good nursing assessment and what was their experiences of it, so they offered perspectives which I integrated into the module, when I launched the

module. So I say to students this is what service users have said they would like... So they do make you stop and think”- P12NAcadstaff.

Over half of the staff also mentioned that practicing service users and carers' involvement had changed their perceptions about service users or carers. These staff explained it allows them to avoid jumping into conclusions and less judgemental. This view is similar to the opinions made earlier by participants about the influence on students' skills, attitude and behaviour. This is because staff just like the students also find sessions with service users powerful and emotional. This subsequently challenges their opinions, beliefs, and values.

“I think it has taught me as an academic that there are positive aspects of being a carer... the experiences of young carers, that is a very sort of powerful experience when you think of the experiences of people under the age of 16 who are carers and I find that quite emotional as well as academically useful”- P15NAcadstaff

“I think a lot of it is about not making assumptions or judgements about people from what you see... I think just knowing that everybody has got their own story and how important it is to hear that story”- P13SWAcadstaff.

Generally, service users and carers' involvement have the same influence on students and staff skills, attitudes and behaviour. Just like the students, staff also indicated that it reinforces the importance of good interpersonal skills, makes them more person-centred and critically reflective of their teaching practices as well as challenges their opinions about service users or carers.

The same words and phrases used to describe the beneficial outcomes to students' education were used by lecturers to describe these positive influences on staff skills, attitudes, and behaviour. In addition, these new knowledge and skills are subsequently embedded into their teaching practices, thereby making students' education more service user focused.

Although, many staff were initially taken aback when asked about how service users and carers' involvement have influenced them, perhaps because they do not recognise themselves as potential beneficiaries of involvement. However, thorough reflection made them realise they also benefit from it.

III. PARTICIPANTS' CONCERNS

This theme highlights the concerns raised by participants about service users and carers' involvement. Almost all staff identified at least one concern. These concerns constitute some of the determinants of the extent staff carried out involvement. It also comprises some of the factors that affected staff level of confidence and determines the influences involvement had on staff. Additionally, both staff and service users made clear that these concerns have affected their experiences in one way or another.

There was mixed reaction from the students, with a few stating that they have no concerns except that there needs to be an increase in the number of encounters with service users. However, other students identified one or more concerns indicating that these concerns have also affected their experience.

Four main concerns were identified in this study: limited opportunities, service users' welfare, issues affecting the delivery of SUCI and non-representativeness of the service users group. Figure 16 (page 187) shows the thematic map illustrating participants' concerns about service users and carers' involvement.

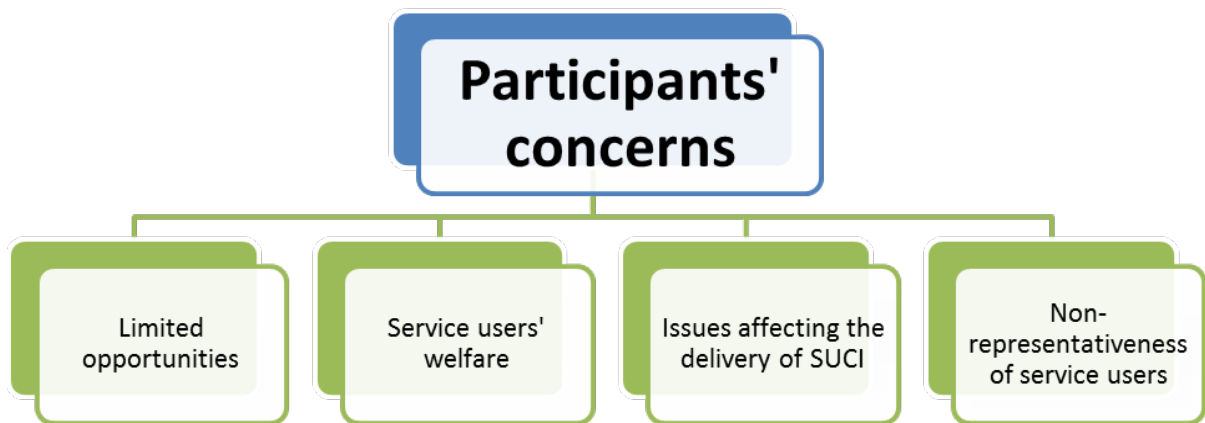


Figure 16: Thematic map illustrating participants' concerns about service users and carers' involvement

a. Limited opportunities

This concern was only raised nursing students. Limited opportunities with regards to the number of encounter, type of service users encountered, and the time encounter occurs was identified by these students. They indicated that this have made SUCI have little or no benefit to their education.

Over half of the nursing student indicated that service users and carers' involvement have had little or no beneficial influence on their learning due to having only one encounter with service users. These students believe that if the number of encounters with service users increases, it would result in greater positive influences.

"I don't think it done anything for me in placement because I don't think one day, you know out of 3 years training can really impact your training as such. I think" - FG2NStud

“Maybe if we were given more experiences we would be able to comment more about how it influenced practice... Probably one experience of them coming into the classroom wasn’t enough but it gives you a little bit of an insight” - FG1NStud.

Moreover, the nursing students in one focus group stated that the only encounter they had with service users did not match their course, they said this was responsible for the limited benefit of SUCI in their education. These students group explained that they encountered mental health service users, even though they are from the adult nursing field. It should be noted that the nursing degree is such that some subjects/topics are generic and taught to all four fields of nursing inter-professionally. This encounter mentioned by this student may have occurred in one of those inter-professional subjects. Nonetheless, on reflection, these students recognised that this particular encounter was still beneficial in the long-run as she became more knowledgeable about some mental health conditions discussed by service users.

“From an adult nurse point of view, I would actually say not a great deal (of influence) because obviously, we are not mental health nurses. In respect to elderly care you do deal with a lot of dementia and things.....so yes it does help” - FG2NStud

One Nursing student indicated that the encounter she had took place in her second year. This student felt that the information given by service users during the encounter have already being taught in the first year and she was already putting them to use in her practice. This made service users involvement of limited influence on her education. Nevertheless, she admitted that the involvement was still beneficial in some ways as it served as a good reminder of what service users deemed important.

“I felt cared for in that sort of area, anyway, when am doing my nursing, so, personally, it didn’t, it hasn’t influenced my practice, it just, may be, may be, my be feel more

aware, of how they (service users and carers) are coping long term, rather than at that moment in time.....They did speak from the heart, and what they said is, is relevant but I suppose, is your own, hmm, where have you being within your training” – P7NStud

Overall, some nursing students have highlighted that service users and carers involvement have had limited influence on their learning because of inadequate numbers of encounter with service users, type of service users encountered or their present level of training. However, they still recognise involvement as a positive influence overall.

b. Service users’ welfare

All service users and many staff expressed that certain practical aspect of service users’ welfare could be better. For example, payment of service users was identified as been of great concern. As earlier pointed out in the methodology chapter, the service users in this study are paid volunteers. They are paid based on the hours they volunteer and also claim expenses such as travel and meals for volunteering.

These service users and staff highlighted that on several occasion payments are either delayed or the wrong amount being paid. One service user expressed vehemently that payment issues have been the greatest concern raised by majority of service users.

“You need the staffing capacity for those little things, like getting paid on time is really important... Payment really, that people get paid on time and get paid the right amount and to me they should never be out of pocket”- P13SWAcadstaff.

“The biggest gripe is that of payment – the delay in getting payment” – P21SU

These service users and staff acknowledged that problems with payment were majorly due to shortage of staff and the bureaucratic nature of the university. At the time this study was conducted, service users and carers' involvement was being managed by a co-ordinator who works part-time and was currently being supported by an intern who had only recently been appointed. This therefore, resulted in payment not been processed on time and even when processed the right amount might not be paid. It appears as though there was no free flow of information from one intern to another and just the service user coordinator struggling to effectively run service users and carers' involvement.

“The payment issue is, I think that that was possibly to do with the fact that staff X (the co-ordinator) works part-time and for a long time, it was XX, who has now left and there has been 2 or 3 other people helping staff X (the co-ordinator) as well and he has had to start training people and then within a couple of months they go on again. I think they are on their 4th person since XX. The point is that there is not enough and they could be doing with more resources” P31SU.

Nearly all service users reported finding the University's financial bureaucracy frustrating, highly rigid and doubting their integrity. For instance, one service user referred to the bureaucratic nature of the university has been ‘nit-picking’ and concluded that this rigidity is annoying because it questions service users’ integrity and intentions for volunteering in students education.

“There were periods when I myself, I put in a – I had made a claim.... it was taking quite a long while - sometimes 3 – 4 months before you got paid in certain instances... shall we say they were nit-picking about various things. ‘Very much nit-picking’.... when everything has got to be done by the book. Every dot and every T crossed. There can be no common-sense approach to things. I mean I had one (Mileage claim) coming back to me, I have measured the mileage from my home and somebody has come back and said that you have over claimed by 2 miles! And I haven’t over claimed, because I travelled that and apparently there may be another slightly different route which

equates to less than 2 miles so these are the little nit-picking things that annoy people”- P21SU.

Another aspect of service users’ welfare that is concerning is access to buildings. Over half of the service users and academic staff expressed that getting into and moving within the buildings is sometimes challenging especially for service users with impaired mobility. Although, there are mobility access, sign-post and lifts to help service users move into and within buildings. However, the topography of the University of Wolverhampton is such that some of the buildings are on hills making access into building somewhat challenging.

“So, access to some buildings is really difficult especially in Wolverhampton when part of our building is built on a hill”- P13SWAcadstaff

Additionally, some of the service users were not familiar with the university buildings and can get lost. A small number of service users often require assistance in getting into and moving within the building and sometimes adequate preparation and provision for such service users with impaired mobility has not being made available. Moreover, at the time this study was conducted, the university was renovating as well as building some new structure, this further made access to buildings for service users challenging.

“for example, somebody might arrive at reception, to do interviews, “oh, yes, just go up and wait” in the interviews room on the second floor, or first floor whatever, and then, “oh, yes, and we will call you when we need you” and, and it might be, somebody on the stick or a frame or a wheel chair, and it, they can’t just nip up or nip down or find their way from one building to another, it a whole lot more effort”- P22SU

“So, a good example is the last time we ran the service user Expert patient panel session. We had to change the room because of building work, because one of our service users has mobility problems” - P9NAcadstaff

One nursing lecturer and a service user indicated that access to buildings is restricted because service users and carers are not given the same privileges as staff and students. For example, it is not clear if all service users have identification cards, access to parking, printing and internet, which are privileges enjoyed by staff and students. For instance, many of the building within the university require an identification card to gain access into the building. They considered that this resulted in service users sometimes feeling unwelcomed or not valued by the university. The member of staff emphasised the need for the university to make the welfare of service users paramount. Another social work academic reiterated this view, stating that on some occasions, service users do not feel valued by the university. They were however appreciative of the effort of some staff and individuals like the Dean but felt that an organisational structure that is appreciative of service users and carers' involvement needs to be put in place.

“I think there are sometimes a lot of barriers in terms of the processes because are they not part of the academic team, do they have the right privileges in terms of access to buildings.....do they have access to parking things like that, so it's about how are we managing the whole process of it from beginning to end and who is doing that and if they have got the time to do that and is the university committed enough to give the time to do that”- P14NAcadstaff.

“Also, just to have ID cards, the ID card is being an issue (laughs) that we still haven't got ID cards. So you know, again it is get into and out of buildings you have to sort of ah, explain to the guys, the security guys and say hmm, that I am a service users and hmm, and I don't have a proper ID at the moment and hmm, you know, please will you let me through, just to go to the toilet or something, and they are very, very good, but again it is on fair on them and it isn't really fair on us”- P22SU.

“One other things that has come from the 2 years of running the service users and carers course, has been the extent to which sometimes, service users and carers do not feel valued by the university, that not to say they don’t feel valued by staff X(the co-ordinator) or the dean or anyone else, they don’t questions anyone good intention, but simply the bureaucracy of the place, and because it is a big organisation, they can get lost, and they don’t mean just wandering round between buildings, but sometimes their payments are delayed, ID cards, parking are almost not I existence.... So, it is looking at, the, small things which affect the people’s experience of the university and making service users feel valued- P19SWAcadstaff.

The lack of support given to service users when the task and roles assigned to them are potentially traumatising was another aspect of service users’ welfare expressed less than half of staff, one student and almost all service users as concerning. Some of these participants indicated that it could be traumatic when service users or carers’ recount their illness or caring experiences because it could re-open some buried upsetting emotions. These participants made clear that there was usually no support for such service users afterwards. The staff and service users used the word ‘de-brief’ to indicate the necessary support service users require following such traumatic experiences. This de-briefing was explained by staff and service users as an opportunity to calm and rejuvenate the service users. Majority of the service users expressed that de-briefing of service users is necessary whether the role and task was traumatising or not.

“In exposing themselves (service users or carers) and recounting these bad experiences; there needs to be the offer of care of that individual after that lecture or workshop. There has to be a kind of debriefing, you know, because they could get quite emotional in it. You almost have to ensure that there is that debriefing afterwards. Sometimes it happens and sometimes it doesn’t but I think it should constantly be in the mind of academics that if they have a session where that person (service user or carer) is really giving of themselves and telling a story that could be rather harrowing....then you know, you realise that, they might need a wee bit of debriefing; a bit of TLC at the

end of it because it's freeing their emotions and maybe its brought back to mind a terrible time and they really need to be helped to debrief. You know, to talk it out with them, to calm them down a bit, because they could have got quite emotional with it" – P21SU.

The nursing staff expressed that de-briefing rarely takes place because staff time had not been allotted for service users and carers' involvement. Nevertheless, these staff recognised the importance of de-briefing service users afterwards. Some social work staff pointed out that because service users could be vulnerable, there is a need to allocate time to de-brief with service users and the consciousness to allot time for de-briefing is essential when planning for involvement.

Saying that though I think there is great potential, in doing this. I am firmly convinced that service users involvement is really important but I would just like to have more time to spend, hmm, preparing service users. I want to have met and briefed service users, say for instance if I have got to involve them in a role play, I have briefed them and tried to prepare them but it never seems as if I've got enough time to do that- P12NAcadstaff

"I do have concerns when we are asking service users to talk about their own personal experience. I think that's a very exposing thing for the service user to do and I hope that we always support that as much as we can but I have had experiences where people have become very distressed"- P16SWAcadstaff

Equally, less than half of the nursing staff expressed concern that some of the harrowing experience of service users can be traumatising for students with some students weeping during session. Certain social work and nursing students stated that there had been occasions when some of their colleagues appeared to have been deeply affected by the service users/carers illness or caring experience and had openly wept. For example, one social work student

indicated that despite being pre-warned by lecturers about the possibility of service users' story being upsetting some students still found the session traumatising with such students breaking down in tears. This student further explained that when students give off such emotions it could further upset service users. This explains why this student worries if an aftercare is available for service users following such distressing experience. This view is illustrated in the following comment:

“I mean my only concern as I mentioned earlier was if they are talking about their lives and their experiences of services it is quite personal, intimate details and that one particular lady had told quite a powerful story of what happened to her, it was quite distressing and she held it together quite well but when one of the students became distressed and cried I think it might have had an impact on her and made her think, “oh, I knew it was bad but it must be really bad”. You know, I worried in terms of her welfare” – P5SWStud

Two nursing staff pointed out those scenarios where both service users and students have become upset puts them in a compromising situation as they are unsure whether to attend to the weeping students or the traumatised service user. More so, these staff expressed that they are unsure if caring for service users is part of their role or outside their remit.

Sometimes, it's almost like you don't even know what to do, once I had service users distressed because they have just told their experience and there were also two students who were crying because they had been move by the service user story. So, at that point I wasn't sure who to attend to first. I had to give a comfort break – P12NAcadstaff

No service user participants in this study indicated they had a break down during or after volunteering. However, I noticed that during interviews some service users were a little emotional when describing their illness experiences and reasons for volunteering. Nonetheless, no service user broke down

weeping or wanted to stop the interview. Also, these saddening emotions were soon submerged with smiles and laughter as the interviews progressed.

All service users and some academic staff raised practical issues, these include: delayed payment, not being paid the right amount and lack of support when the task and roles assigned to service users are traumatising. Payment issues were attributed to the bureaucratic nature of the university and shortage of staff to co-ordinate involvement. Both staff and service users agreed that proper staffing to support service users and carers' involvement would help address the problems associated with payment of service users.

Service users' inability to gain access into and move freely within building was also identified by staff and service users as equally concerning. Lack of privileges such as identification cards and access to parking were identified as some hindrances to access. Moreover, the location of some buildings within the university made it difficult for individuals with impaired mobility. Although, these buildings have necessary facilities to allow easy access, some of the service users still required some assistance in getting into and around certain buildings. Therefore, it can be stated that the need to adequately cater for the welfare of service users have been identified as necessary in order to improve the experiences of participants. Suggestions made by participants on how to address these concerns are discussed within the recommendation section later in this chapter.

c. Issues affecting the delivery of service users and carers involvement

All three participant groups outlined a number of issues that had occurred which were concerning. One of such issue commonly mentioned by almost all service users and about half of the staff participants was disagreement between service users and staff while performing the role. These sorts of disagreement mostly

occur when decisions about accepting or rejecting prospective students after interviews are conducted.

These service users and academic staff acknowledged that such decision about prospective students are very weighty and carry its own implication. This is because such decisions determine the student that gets admitted into the course and also gives a reflection of future health and social care professionals. Some staff expressed that disagreement puts them in a dilemma of either accepting or challenging service users' decisions. These academics fear that challenging service users might appear confrontational or disrespectful:

"I have quite often interviewed with service users, you know a prospective student comes in and the service user kind of like wants to give them a chance and I as an academic want to say, not just as an academic but as professional I want to say, actually I don't think they are ready and I don't think we are doing them any favours bringing them on the course because they are not ready yet. That kind of difference in perspective is hard to manage when you've only got a few minutes to make a decision (laughs) and you don't want to be confrontational with service users, you don't want to seem disrespectful...I think we do manage those things, but they are tricky, yes"
P16SWAcadstaff

Three nursing staff commented that lecturers and not service users are the ones that suffer the consequences in the long run if wrong decisions were made. One of this lecturer used the phrase '*carries the can*' to indicate that members of staff are the ones who bear the consequences of any error during SUCI. This perhaps explains why some staff had earlier expressed that involvement of service users in certain activities is to a limited extent

"But if we've made an error on the recruitment of the student because the student for whatever reason you find is not right, it is the academic that 'carries the can'...then like

I say, I think there is less consequence for the service user because the service user won't be interacting necessarily with that student on the longer term” -P9NAcadstaff.

Nevertheless, over half of the staff stated that many of the service users usually have the same ‘gut feeling’ as the staff, so decisions are jointly made by all panel members. Hence, it can be inferred that both service users and academics want the same outcome during interviews and other educational activities.

“With the interviews, out of the 3 of us who have scored someone we will always agree on our scores or round them off and generally we will be within 1 point, very close to one and other. We are all quite attuned to one and other thoughts about how a student has presented through an interview and how they have performed but we will always agree on a final score”- P25SWAcadstaff

Less than half of staff participants also indicated that service users sometimes straying off the task originally assigned to them was another concern that frequently occurs while service users are carrying out roles. These staff used the phrase ‘going off a tangent’ to explain this view about such inappropriate behaviour where service users have acted or said things out of place. Similar to the concern pointed out earlier about disagreement during role, service users going off a tangent also mostly occur during interviews for prospective students. Staff expressed that service users ‘going off a tangent’ during interviews is very worrying. This is because such acts do not demonstrate fairness to all candidates as it appears some students were more favoured or judged than others. This is further worrying for the academics because they feel they are more accountable if any issues around unfairness are raised by prospective students.

“The questions that we have to ask the applicants are set questions and so we have to share the questions out between the academic, the clinician and the service user and in

my experience sometimes the service user goes a little bit outside of the questions when they are interviewing the students, you know go off another tangent.... So, sometimes it has been like that but other times have been ok.... I think in terms of fairness to all of the applicants we should really ask the same questions to all the applicants. So, in that sense it is not a good thing. I mean they cope, they cope really well but strictly speaking its better if you just stay with the questions as they are because then all the candidates are going through the same process” - P10NAcadstaff.

Students from one focus group also mentioned an experience where a service user was digressing from the original task. Those students explained that one particular service user was insistent on narrating personal illness stories at the expense of other service users having the opportunity to speak. These students deemed such behaviour as inappropriate and further explained that it led to poor students’ engagement with service users. However, those students acknowledged that such long narrative are sometimes good for learning and SUCI is very valuable to learning:

“I think from what I remember some members (other students) didn’t quite engage in what they were discussing. Some thought the one gentleman did go on a while about his condition.....but I still think it is important to have the opportunity to speak to individuals.....I think it would complete the education that you are given” - FG1NStud

Service users using venting negative or unhelpful personal views about their past illness or caring experience while carrying out involvement was another concern raised that occurs delivering involvement. Over half of the nursing staff and students identified this. The Phrases ‘axe to grind’ and “have a bee in their bonnet” were commonly used by these staff to express this view. Both these students and lecturers explained that sometimes when service users’ voice negative views, it is usually not in a constructive manner and often derogatory of health and social care services and professionals. Some of these staff further

pointed out that sessions where service users have come to ‘grind an axe’ felt like those service users had come to pursue a political or personal agenda and used their involvement as a form of atonement or retribution at the expense of students’ learning.

“Students have expressed concerns that on occasions, they feel that individual service users have an “axe to grind,” they have a personal experience that has impacted on them so much, that they use the session to focus on that negativity, on that negative experience”- P18NAcadstaff.

These Students and staff both agreed that service users should be allowed to voice their negativism about the health and social care services and profession and not reprimanded while expressing such views. Nonetheless, they believed that such negative views should be presented in a more positive and constructive manner that fosters learning and creates awareness of any malpractices as well as provide measures to avoid such malpractices.

“I think some service users can just have a generally negative view of the NHS and the services as well so I think if it was to come into play then it would have to be on a positive note, rather than just telling us what we do wrong. You know, we need to learn from their experiences from a positive angle”- FG1NStud

“I have experienced service users at some meetings and they’ve been desperate to ask questions without thought of what they are asking and at that point I have wondered what their agenda has been. It obviously felt like they had got ‘an axe to grind’ and they were finding a platform to have their say, without it being constructive or appropriate. However, I don’t say that what they had to say wasn’t valuable I just didn’t think it should be done in a constructive manner, so we learn”- P17NAcadstaff

These staff and students made clear that guidance and expert facilitation by staff is needed to avoid such scenarios where service users are using the

session to 'grind an axe'. A small number of academic staff further explained that such guidance of service users to express their negative views needs to start before the session and usually academic staff do not have adequate time to prepare service users before session. Thus, this could be responsible for service users not quite certain of the extent they should voice their negativism about health and social care services and professionals.

I think it is so important that, a service user doesn't just appear in a teaching session, and that the teacher hasn't met them before, cause, this can happen. I think my concerns are dependent upon the pathway and journey of that involvement, of that service user.... So, I think, you know, there has to be an element of preparation and support of the service user and a real understanding., of what the session is about and I think there has to be an AWARENESS that, some service users, will because of their experiences go on to a great length, a great degree, about their negative experiences, and that can sometimes need expert facilitation in a session, so that you can stay focus on whatever it is, that the session is about, but there is hardly time for preparation though” – P27NAcadstaff

Majority of the nursing staff and service users supported the view that adequate preparation does not usually occur. The service users stated that in some cases they were not aware of what is expected of them although they sometimes receive emails informing them of the session and the venue. However, details of the role, type of students and staff expectations had not been communicated to them.

“Sometimes, in the working with staff when it is done by email, which is a very practical way, again it saves a lot of effort for me, for example, in, in travelling to, and what have you, but it sorts of a cold and isolated way of working, hmm.....you don't get a lot of information about the session and you don't even know in clear details what you are to do”- P21SU

Some of these staff also pointed out that preparation of service users hardly ever took place because time has not been allotted for carrying out involvement. The preparation of service users was one major concern raised by almost all nursing staff. These staff recognised the importance of preparation and its effect on their level of confidence, experience of involvement, extent of involvement as well as its beneficial outcomes to students and themselves. This is because many of the staff agreed that the preparation is beneficial to all three participant groups'. Adequate preparation can boost the confidence of service users and ensure the appropriate message is passed on to the students. Equally, it helps students get better understanding of what is taught and achieve the learning outcomes. Additionally, it makes lecturers teaching time more valuable. Some staff recognised that preparing service users is like a cyclical process which begins with building a relationship with service users and ends by de-briefing service users after involvement. Figure 17 (page 203) illustrates staff description of the process of preparing service users for SUCI.

“I think, where it works well is where the lecturer, hmm, actually looks upon the patients and care involvement has a journey, so it has a beginning, where the lecturer meets and builds up a relationship with the service users, and supports that service user in getting a real and flavour of what it is we are actually asking them to do and continues that journey to the planning and delivery of the sessions, the debriefing of the session after, and the continual keeping in touch till the next session”- P18NAcadstaff.

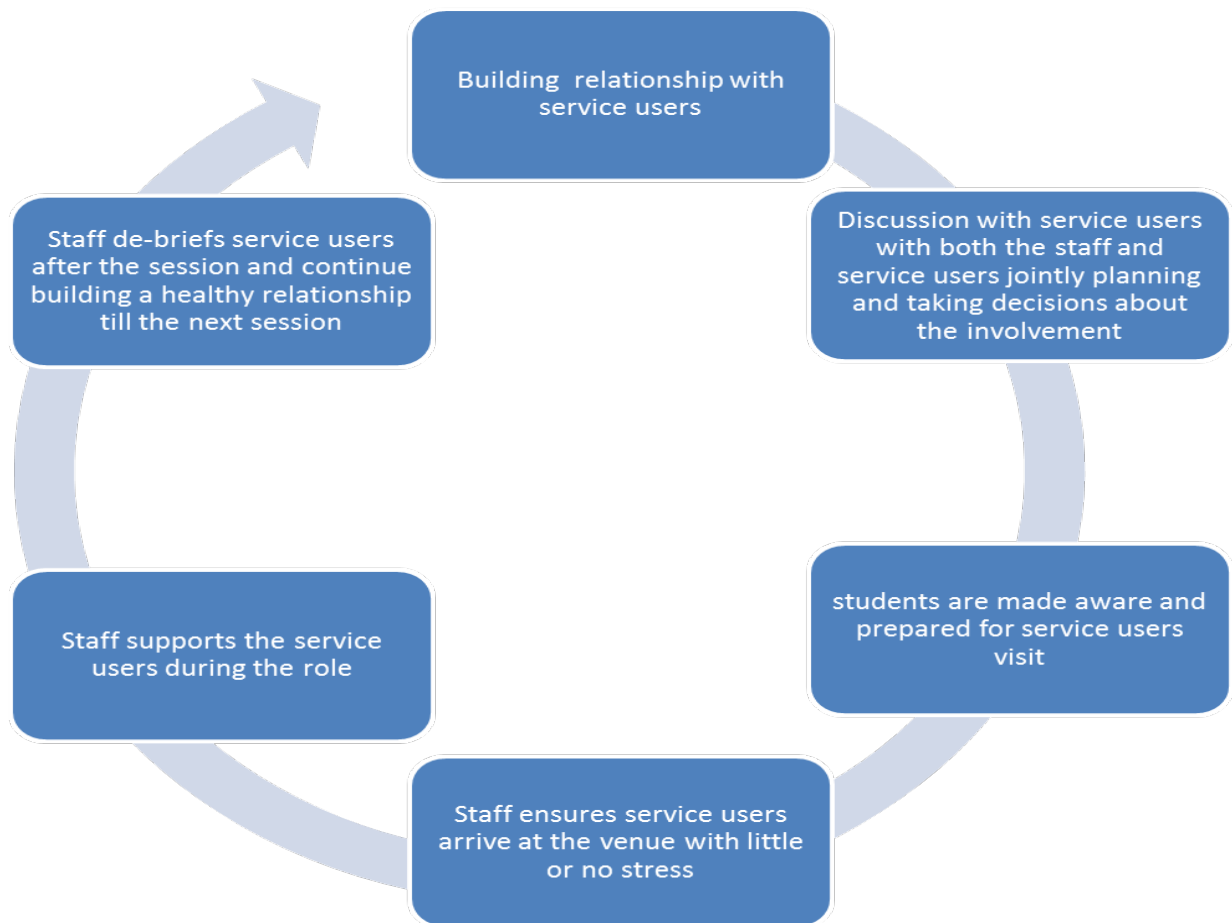


Figure 17: Staff description of the ideal process of preparing service users for SUCI

One nursing staff expressed vehemently that not having allotted time for involvement is very frustrating. This participant explained that many academic staff workloads are overwhelming as it is with many of their roles time bound. Thus, adding preparation of service users to their already busy schedule makes their work more exhausting and stressful. This view was countered by a social work staff stating that SUCI was very effective in the social work degree because all staff with roles associated with service users and carers' involvement were given about 10 hours to ensure it was carried out in an

efficient manner. These views are illustrated in the participants' comments below:

"I can see the potential for it I think but it frustrates me because I can't at the moment fully develop that potential because of a lack of time and lack of resources to help me; perhaps lack of support from others and sometimes it's just hard work doing all these things on top of what you are already trying to do.... it's the time factor again"
P12NAcadstaff.

"I think why it worked in social work the only time it did work was when as well as me having some hours for service users and carers, each member of staff with a particular responsibility have some hours for service users and carers, even if it was just 10 hours that makes such a difference because then they have got 10 hours to really focus and really involve the service users and carers" – P16SWAcadstaff

Communication barrier between staff and service users/carers have been attributed as the cause of the issues that occur while carrying out service users and carers' involvement. Nursing staff and service users emphasised the need for effective communication and indicated that a healthy relationship is needed to address the communication barrier. The nursing lecturers who stated they had a high level of confidence ascribed it to the healthy relationship between themselves and service users.

I have a high level of confidence, that is based on the fact that I have worked with some really good people from the SUCCESS programme and I say work with, there is truly a cohesive working relationship because they want to work with me and I have wanted to work with them to get the best for the students and everybody that has come and worked with me has wanted to be there and has been fully involved and fully engaged-
P14NAcadstaff

Two nursing staff admitted that their current relationship with service users is more or less impersonal. Also, some service users expressed that on some occasions it appeared that the relationship with staff was impersonal. However, a small number of nursing staff claimed that their heavy workload and not having allotted time for involvement was principally responsible for not building healthy relationships with service users.

“I think some staff have complained about service users but it’s about communication really, I know some staff work well by sending emails and it is a practical way of working but by definition it is be more isolated and some of those complains can be better by a good working relationship and better communication” – P30SU

I don’t have a problem of involving service users, I think as an academic. it’s about the planning and preparation before you use the service user....I feel fairly confident working with service users but I think with service users it is often about the preparation and priming of the service users so they are aware of what we are bringing them in for and what our expectation is of them for that particular session..., you know, there is usually not enough time to build that relationship that aids the preparation and planning” – P9NAcadstaff

Less than half of the nursing staff felt that some of the issues arising while delivery involvement can be attributed to the inadequate skills and training of service users. These staff indicated that this has subsequently limited the influence of SUCI on students learning. They said that without properly training service users, such sessions can simply be perceived as one that is basically story telling about service users’ experiences.

“For me I don’t think their involvement brings any real benefit in classrooms, I have seen service users engage with the students. I think it starts off well intended but at the end of the day they have got a story to tell and so it can end up just being transmission of information and not actually teaching and learning. A good teacher will share

information and will facilitate learning. A service user who hasn't done a PGCE will stand there and tell a story"- P8NAcadstaff

However, less than half of the Social Work and Nursing staff countered this view stating that the training provided by the university has made service users competent in passing knowledge to students. Another Nursing staff stated that service users and carers observing lecturers on top of the training provided have made them skilled and knowledgeable about what they can contribute to students' education. One nursing staff concluded that service users' stories are the main constituent of their involvement and those stories and experiences are what make services users' experts and not any training. These views are expressed below:

"We don't provide social work training to service users and carers, they do general carer and service user training as part of the University. I believe the training they receive makes them do extremely well. With the people we work with, I am extremely confident"- P25SWAcadstaff

"I think they are given some training... when we first wanted to involve them, they started off by sitting in and listening to some of the teaching, that's what the service users wanted to do, they particularly wanted to sit in and listen and meet the students first of all... having the training and the sitting helped them when they started sessions with students"- P27NAcadstaff

"I know some colleagues of mine say they should be trained but I think its their stories that makes them experts"- P14NAcadstaff

Analysis of data has revealed that a number of undesirable events do occur during service users and carers' involvement. Concerns such as: disagreements about decisions, digressing from the original task, venting negative views have been identified by participants. Some of these concerns

have been attributed to poor staff preparation for involvement, inadequate skills and training of service users and inadequate facilitation of the sessions.

Additionally, the relationships between service users and staff have been identified as not always healthy and sometimes appear impersonal and this has resulted in communication barrier between staff and service users. In general, it appears that all participants are interested in ensuring service users and carers' involvement is very valuable and recognises that making it efficient requires a lot of effort. Also, lecturers acknowledged that are responsible for ensuring that both service users and students gets the most out of involvement.

d. Non-representativeness of service users

Almost all staff indicated that an individual service user's experience or voice cannot be assumed to be a reflection of the entire patients or service users. These academics worry that most times service users' views are more individualised than generic. Furthermore, these staff emphasised that the service users group within the university (SUCCESS team) was not representative at all and these non-representativeness of service users group was a major barrier with one nursing academic describing it as the '*sticking point*' of service users and carers' involvement.

"I am in favour of their involvement, I don't want to give the impression that I'm not but it's the representativeness that is hmm sticking point as far as I am concerned. They are not necessarily representing all the patient's views" - P10NAcadstaff

These staff explained that the SUCCESS team just like most service users group within the health and social care sector was not diverse. Staff expressed that service user groups should be diverse in terms of: age, ethnicities (particularly, black and ethnic minorities were reported as few or none), sexual

orientation, religion, social class, illness and disabilities. One staff concluded that service user groups should be a slice of the society and a reflection of clinical/practice settings.

“If you look at our service users they are not representative of our public. We have not really got many people with disabilities, from black or minority ethnic groups or those who are in poverty... We really should be having a slice of the society that we are serving”- P8NAcadstaff

Furthermore, these staff emphasised that ensuring diversity within service users group is very essential because it impacts on the beneficial outcomes to students' education. Furthermore, staff, made clear that if service users group does not mirror the society or clinical/practice settings then it is not essentially portraying service users' perspectives to students.

“So would you say that it (SUCI) is representative of the community that we serve, is it representative of the patients that they are seeing? Are their view representatives of what's happening really to patients out there in the community? So I think it's important to engage with a variety of people from a variety of backgrounds so that we gain that insight and If we don't do that, then we are losing something in the contribution that we have to offer to students and also being able to hear the different spectrums that are out there and voice that are out there”- P14NAcadstaff.

Only one nursing student expressed that that the service user group was not representative (SUCCESS team). It is not particularly clear why this student made this comment. Perhaps, it was due to this student being a member of a service user group outside the university. Thus, this student might have seen benefits of having a diverse service user group. This student also reiterated the comment made by staff about some service users' experiences especially the horrible ones not necessarily reflective of current practices.

“I think it is important to have a mix group, however I don't want to come across as being rude or anything but it would be really nice and I know the service users are

volunteers, they have retired so they have got a lot of time to spare and a lot of time to give to a very valuable form of learning but it would be really nice to get some younger people involved... So I think that sometimes the older generation have perhaps had a really bad experience in hospital and sometimes think that all Nurses are uncaring and we're not". P3NStud

It can be assumed that the reason other nursing students did not raise a concern about the non-representativeness of the service users group was due to having just one encounter with service users. It can therefore be inferred that one encounter is not enough to comment on the diversity of service users within the SUCCESS team. Moreover, it can equally be implied that the reason social work students did not voice any concern about the representativeness of the SUCCESS team was because they had mentioned at least three encounters with various types of service users.

No service user stated that the SUCCESS group was not representative. However, they all stated that there is a need to recruit more service users to cover all necessary areas within students' education. This view was also supported by some staff explaining that the non-representativeness of the SUCCESS team can be attributed to poor recruitment of service users by the university. These staff pointed out that the university does not actually go into the community or collaborate with practice partners to ensure that diverse service users are recruited. It was said that the university only recruits articulate and confident service users who are already volunteering in one service user group or the other to join the SUCCESS team.

"So, for me if you are going to represent the public there should be open advertisements for the role or elections... there need to be a change in The way we recruit service users... there should be service users who set out a manifesto of why they are suitable to represent the public. There should be a declaration of any conflict of interest, pretty much as you would do as an MP or Councillor... we should pay for an advert in a newspaper and we should interview these people and we should ask them to set out why

they think they are fit to represent Wolverhampton or Dudley or Tipton, wherever but we don't do that"- P8NAcadstaff

"I think there should be a change in the way we recruit service users as a university. Over time, we recruit only the confident service users that already belong to a group we need to change our strategy- P11NAcadstaff

However, one social work academic who had earlier indicated involvement in recruiting service users pointed out that, although ensuring representation is very important, nevertheless, it will continue to remain a challenge because service users just like any other individual can migrate in search of greener pastures or pass away.

"Having that representation will always be a challenge because many service users and carers in social work are vulnerable people and the fact that the kind of society we are living in where people have to move to jobs, they might have to move away. It is a transitional group"- P13SWAcadstaff

Generally, majority of the staff have identified non-representativeness of service users group as a major concern that could potentially inhibit them from carrying out service users and carers' involvement. Interestingly, no service users expressed that the non-representativeness of the group was a concern. Additionally, only one student shared the views of staff about non-representativeness of service users group resulting in individual and not collective voices of service users being portrayed to students.

It was pointed out that the SUCCESS team of the university was not representative of various age, ethnicities, religion, social class, sexual orientation, illness and disabilities. Also, it was acknowledged that this non-representativeness was due to poor recruitment of service users. Some staff concluded that the university must be willing to go out into the community as

well as collaborate with practice partners to ensure that diverse service users are recruited.

IV. PARTICIPANTS' RECOMMENDATIONS

This theme highlights recommendations suggested by participants as helpful in improving the experiences of service users and carers' involvement and addressing the concerns raised. Majority of the nursing staff indicated that these recommendations will increase the extent service users are involved in various academic activities and their confidence in carrying out SUCI. It was mainly staff and service users suggesting these recommendations. Almost all students indicated that their main recommendation was a need for more encounters with service users. These students expressed that they were generally satisfied with how service users and carers' involvement had taken place within the classroom. Just one student suggested publicising evidence about involvement as a means of improving the experience of it.

Therefore, this section will begin by presenting the four main recommendations identified by participants and these are: A need for more involvement, evaluation and evidence, better resources, and building healthier relationships. Figure 18 (page 212) presents the thematic map illustrating participants recommendations to improve service users and carers' involvement.

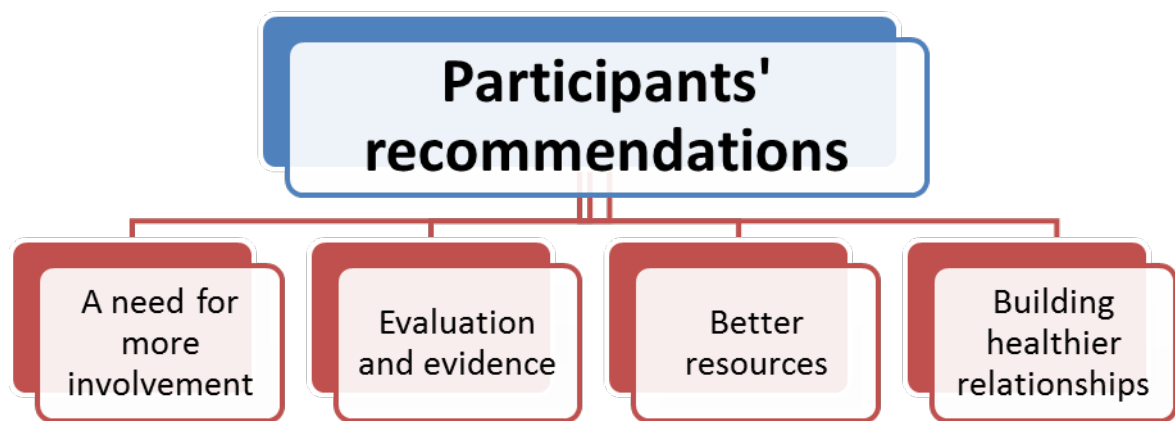


Figure 18: Thematic map illustrating participants' recommendations

A. Strategic growth for more rounded involvement

All three participant groups acknowledged the need for more service users and carers' involvement and suggested recruiting more service users and carers as a means of achieving this in students' education.

There appeared to be differences in the purpose for demanding more amongst all three participants, although there were some similarities in purpose amongst staff and student participants. For example, both staff and students (especially those from the nursing course) felt that there is a need to involve more carers. These participants explained that having carers will allow the voices of those caring for individuals with health and social care problems to be heard. Furthermore, these staff and students felt that more attention is usually given to the service users. Even so, the experience of caring and helping to manage or cope with service users' health and social care problems is equally important. These participants therefore concluded that having carers further ensures health and social care courses are well rounded.

“I think it would be good if we could have the carer and the service user coming in together. Because we can learn how to relate to their condition and in turn how the carer has to look after them, what questions they have we can answer as well and how they cope physically and mentally together”- FG1NStud.

“I think we particularly need to get more carers coming in though, as well, yes, we talk about service users lots more, but what about the people looking after those service users and how they are managing and coping, because a lot of time, a lot of pressure is put onto them, isn't, so, it will be good to get more of an understanding in that way”- P7NStud

“I always think that service users don't have to be limited to service users, it can be much broader than that, it can be involving a person's family. We always seem to concentrate on the person and I don't know if I'm wrong but we always seem to concentrate on the person who experienced this and they will come in and talk to you but there is no reason why you can't involve family members that also experience that equally and have a different perspective of it or even carers that have been involved; get their perspective as well so it broadens our umbrella so we are not just looking at the one person”- P11NAcadstaff

It is not particularly clear why these staff and students suggested that more carers need to be recruited because the service users group (SUCCESS team) within the university is a mix of service users and carers. Perhaps, the reason they assumed that less carers were on the team is due to most members of the SUCCESS team being elderly and many of the elderly carers are fast becoming service users themselves who are now managing one chronic health problem or the other. Thus, they presumed that the elderly carers are all service users.

Both staff and students felt that more service users and carers' involvement will ensure students encounter diverse service users. This is because diverse service users will allow broad spectrum of involvement activities tailored to suit students learning. This will also ultimately make students' education more

rounded. Thus, recruiting more service users and increasing their involvement will ensure involvement remains relevant and meaningful to students' education:

“So I think it’s important to engage with a variety of people from a variety of backgrounds so that we gain that insight and If we don’t do that, then we are losing something in the contribution that we have to offer to students and also being able to hear the different spectrums that are out there and voice that are out there”- P14NAcadstaff

“I think we need more involvement so they can give us their perspective on what we are learning. it will allow service users to educate the students of the future on how we can improve... and that way we will get a much more rounded education”- FG1NStud

Interestingly, all students irrespective of the number of encounters with service users earlier indicated wanted more involvement. For instance, nearly all social work students said they have had at least three encounters and they also wanted more involvement just like the Nursing student.

“The only improvement I can suggest is more service users involvement with students”- P4NStud

“We need more service users involvement and because it is a good thing then there should be more”- P2SWStud

Only one social work student indicated not wanting more involvement. Further questioning of this student pointed out that she has had many years of work experience (about 17 years) in social work/care prior to starting her degree and that have made her equipped to deliver essential social care services effectively. More so, she felt that both theoretical and practical knowledge needs to be balanced. However, she found the experience of service users and carers' involvement more pleasurable than listening to a lecturer.

“I don’t think I want more. I think the balance was about right, I wouldn’t have wanted them to come in more than they have done, I don’t know. I suppose, we have got a lot of theoretical learning to do, a lot of group work to do and I felt the balance was about right.... I don’t feel there would have been too much of a need for more because in addition to meeting with service users, in part of our assignments and research, we looked up research that was service user based and service user consultations we looked at service users views in different ways so to me the balance was about right..... For me, I’ve worked for 17 years in social care anyway so I have worked with service users. ...I didn’t feel it particularly changed my direction or my view of my training, I just found it was a valuable change from listening to the lectures” - P5SWStud.

Many of the student also suggested having more involvement will foster better creative and innovative ways of involvement within their learning. For example, most nursing students wanted involvement to take place in their first year and not left until much later. These students have earlier indicated that their encounter with service users did not occur until their second year. Although, one nursing student indicated that perhaps the reason service users and carers’ involvement did not take place in the first year is because there is so much to cover within the theoretical aspects of their courses. However, this student as well other nursing students felt that if it takes place in the first year because it prepares and better equips them for clinical/practice placement, which will ultimately make them better professionals in the future.

“I mean we got that experience in second year but it would be brilliant to get that in the first year as well. But then when I think about the amount of detail and things we have to take on board in the first year, the second year is probably more appropriate. Only because in first year we are still getting our head around things” - P1NStud

“Yeah, I think, hmm, more (SUCI) at the beginning of the training.....from very early on, in the training, particularly, in the first year...I mean in the first year, the first year, is your fundamental year when you are doing, you know, the essentials of your basic care, and your understanding and learning about, the patients” - P7NStud

One Adult Nursing student suggested service users visit them while on placement to assess if students are delivering care as expected by a service user or carers. Another Social Work student suggested having service users in smaller groups as opposed to the lecture or panel style that is currently in place. This student felt it will allow deeper engagement with service users and will give more room to ask questions that a student might not openly ask.

“I think service users should come into placement and see how we do things, you know like our mentors help us they can help as well and that will make us good nurses as well”- P23NStud

“I think we should have service users in smaller groups so we can ask our questions directly to them. Like me I am a shy person but if in a smaller group I can talk and learn more” -P24SWStud

Over half of the staff emphasised that more service users will address the problem of non-representativeness. One nursing lecturer suggested that recruiting service users with diverse health and social care experiences such as those within hospital, community, mental health problems, learning disability and many more could potentially address the problem of non-representativeness. Another nursing staff concluded that the optimal benefit of involvement in students' education will be reached when diverse service users are recruited.

“To be able to do that (representing all the patient's views) you will need to recruit a lot more service users/carers, you will need some people coming from hospital experience, some people from community experience, some people coming from mental health experience, some people coming from learning disability experience. To be able to give the students a good picture of the service user/carer experience, you need representatives from all those different fields and at the moment we haven't got that. Until you have that you are not meeting that representativeness”- P10NAcadstaff

Two nursing staff also made recommendations about how the university can ensure diverse service users are recruited. They suggested that the university needs to go into the community to recruit, have an open advertisement or an election to select service users. Additionally, it was indicated that service users should be recruited on a contracted basis, for example a 2 or 3 years contract, so that there is continuous recruitment of service users.

“Like I say, I think, I think, we should be going out to the community, rather than expecting the community to come to us.... What we don’t do as a faculty, is to go out to Wolverhampton to the stadium and say ok I’m a Nurse Lecturer, I’m planning a new course... We don’t actively engage with the wider public who are all service users.”- P9NAcadstaff

“I don’t think you should be a service user for any more than 3 years... You are given a 3-year tenure and then we re-advertise again for more, that’s how I think it should work, you know, to keep the pool fresh”- P8NAcadstaff

These two staff also emphasised that during recruitment, proper screening of service users by carrying out a Disclosure and Barring Service (DBS) check needs to take place. These lecturers believe that such screening and registration of service users will ensure that service users with good conduct are recruited. This is because these members of staff felt that students are equally vulnerable individuals and service users need to be screened and certified fit to participate in service users and carers’ involvement.

“When we recruit them, we should register them, they should have a DBS check which we currently don’t so we are giving these people who we don’t know, who we have not interviewed, access to vulnerable people and like patients, students’ are very vulnerable”- P8NAcadstaff

Another nursing academic suggested that the university should work in partnership with practice partners so that service users or carers with interesting

illness or caring experiences are spotted and immediately recruited to contribute to students' education.

"I think our colleagues, particularly our clinical placement partners need to be on the look-out for people who they could recruit, so if you have come across somebody who has got an interesting experience to talk about, say to them 'would you like to come and talk to our students?', you know, not to hesitate to find new people and see if they can be encouraged to come and talk to our students, you know to improve the range of experiences that our students can be exposed to"- P10NAcadstaff

One nursing lecturer also recommended that actors and not real service users be used. This staff explained that actors are better than service users for sessions that service users might consider stigmatising or could potentially re-open buried upsetting emotions.

"I would rather I use actors than service users and I think we should recruit more actors... that gives us far better control about the experience and what the potential outcome is... if I was perhaps doing something around bereavement and grief and I wanted to do a workshop and I wanted someone to kick off or display certain behaviours or attributes that I wanted to display to the students, I am not sure if always I can get, you know, if I wanted to do that every 20 minutes for 4 hours, I don't think I would be able to get service users to do it but if I got an actor I could say well this is the script, this is what I want, this is what my outcome is and use somebody to do that rather than bring a service user where I'm not necessarily going to get the outcome I want and allow the students to see the behaviours that we are to discuss"- P9NAcadstaff

Service users also suggested more recruitment because of the increasing request for SUCI both within and outside health and social care courses. These service users perceived that the increasing demand for SUCI is due to students and academics acknowledging its benefits. Thus, these service users indicated

that the increasing demand for their involvement will be met by recruiting more service users.

“I think we needed to have more service user and carer volunteers because the demands on service user and carer involvement has increased as people seem to learn about us, if not we might get to a point where demand will be higher than supply”- P21SU

“I think they need more service users and carers, I think the more they can involve us, in the different ways they can involve us, potentially the greater the insight students’ gain”- P22SU.

Other methods of capturing service users’ voices without having them physically in the classroom were suggested by less than half of staff and two service users. These participants identified the use of videos, webinars, and books as means of capturing service users’ voices. The services users felt these suggested alternatives are ways of accessing and storing up service users and carers voices of those who cannot volunteer or even when the patient are no longer volunteering for reasons such as the service users passing away or relocating.

“One thing that might be worth doing is to get some case studies of people who can’t get here for example my mother has got a huge amount of health problems and I can speak for her but it is not the same as hearing her speak about them. So, I’m not saying it should be my mother but maybe 1 or 2 people who are in a more severe condition to get some on camera case studies could be quite powerful to get that first-hand experience... So, I think that would be possibly a useful perspective. I think some videos can be done and are very powerful”- P29SU

Those staff further explained that these alternative measures help to address some of the problems of continually recruiting service users as well as avoids

scenarios of having to de-brief. Although, these staff acknowledged that these suggested alternatives are compromise, but it ensures that service users powerful stories are not missed. Also, these alternatives are less resource intensive when compared with having service users physically present.

“I think one of the things I am interested in is how we can have the service user’s voice without necessarily that always involving the service user coming in and exposing themselves, you know... I think that’s a kind of compromise in a way between having somebody’s powerful story, in their own words and all of that without, as I say, you know all those sort of anxieties and heavy resource implications of actually having a person come into the classroom and I think perhaps we ought to look at those kind of ways of doing things and videoing people talking about their experiences”- P16SWStud

Generally, all participants recommended the need for more service users and their involvement in educational activities. Both staff and students shared few similar reasons for demanding more service users and involvement. These participants explained that more service users and their involvement will ensure students encounter diverse service users and also increase the number of carers within the SUCCESS team which will ultimately ensure students’ education continues to be well rounded. Also, staff felt that more service users could possibly help deal with the problem of representativeness of service users group.

Service users suggested that more recruitment needs to take place because the scope of SUCI within the university is expanding. These service users felt that sooner or later the demand for service users will be higher than the current number of service users available. Additionally, nursing students felt that more involvement needs to take place in the first year and not left until the second year. One nursing student acknowledged that the nursing degree is very intense, and those theoretical sessions are equally essential. However, this student felt that involvement in the first year is equally important.

A few staff also suggested some methods of recruitment to ensure diverse service users are involved in students' education. Two staff recommended that service users are vetted and registered at the recruitment stage to make certain service users with good conduct are recruited. Additionally, other means of capturing service users' voices without physically having the service users present was suggested by few staff.

This study has identified that all three participant groups' want more involvement in students' education. The three participant groups' reasons for recommending more service users and their involvement were slightly different with the staff and students sharing some similar reasons. However, it can be inferred that seeing the beneficial outcome of involvement further drives all three participants' groups to recommend the need for more service users and their involvement.

B. Evaluation and evidence

All service users and over half of staff suggested that evaluation of service users and carers' involvement needs to be carried out in order to showcase the evidence of its beneficial outcomes in students' education.

Majority of the service users expressed that they are uncertain about the extent their involvement positively influence students' education. . Although, they perceived it as beneficial because academic staff frequently indicated that students find their contribution beneficial. They were curious to know what exactly in their involvement positively impacts students and to identify areas that require further improvement. This explains why service users strongly suggested the need to conduct an evaluation of the impact of service users and carers' involvement in students' education.

“We don't know in detail how much it has helped them. So we just know the generalisation that we have been continually told that it is of great assistance but I think you would need to ask certain of the lecturers and professors their side of the story as to

how they think we have contributed because we don't know how much more use we could be. We might be able to be more useful, we don't know- P20SU.

"I just felt that the most important thing was "is it beneficial to them?", because that was what the whole exercise was about. Are they getting benefit from these sessions that they are having with us? They seemed to be generally saying that.....This is why we hope that some of this research might prove it"- P31SU

Members of staff also indicated that research needs to be conducted to ascertain if students find service users and carers' involvement positive. Evidence from such research will identify areas that require further improvements in order to continually make involvement more meaningful for students' education. One staff concluded that if evaluation of involvement is not carried out then students might not think positively about it and this might ultimately influence the extent of its benefit to students' education:

"I think there has to be an opportunity to evaluate the involvement to see if it is good for the students or not. Hmm, because, if it's not evaluated and students are going out feeling, well actually that wasn't really very helpful, all that person did was criticise care, hmm, then that's not going to really encourage students to think positively about user involvement"- P18NAcadstaff

Furthermore, two nursing staff indicated that evidence emerging from conducting research of the impact of service users and carers' involvement on students' education will help change the mind-set of academics that are sceptical about it. These staff perceived that without such evidence those lecturers that are resisting service users and carers' involvement will continue to do. More so, one nursing lecturer who had earlier indicated that it sometimes feels like SUCI is conducted to comply with regulations of PRSBs concluded that if there are no evidence of the beneficial outcomes in students' education, then the university is simply 'paying lip service'. Hence, it can be inferred that

evaluating the impact of involvement may cause a behaviour change amongst staff currently resisting the move towards a service user focused education for students.

“I think sometimes some people have very entrenched views, which it might be very, very difficult to change their mind set because that is what they firmly believe. I’m just thinking of two colleagues now; I don’t think you would change them because that is what they believe. Perhaps if they could see positive outcomes from involving service users, more success stories, perhaps we could change their views somewhat. To see the outcome of involving service users, because I’m not aware that we have done any sort of evaluation of service user engagement with staff or students about how it has worked, what are the success stories; I’m not aware if we have done that; perhaps that would help”- P12NAcadstaff

“I think the nature of your research is very, very useful and hopefully it will be the first step in actually analysing what we are doing and not just playing at being an organisation that uses service users, you know ‘lip service’ but we looks at it and considers it in an evidence based way”- P8NAcadstaff

As earlier indicated, it was just one Social Work student who pointed out the need to conduct evaluations. This Social Work student suggested that lecturers need to seek service users’ opinions about their encounters with students. This particular student expressed that this is essential because, if students do not make service users feel valued and welcomed, then there is a tendency that service users might not continue volunteering. However, if the students are made aware of service users opinions about certain aspect like students’ behaviour, conduct, engagement and many more, then service users will perceive such sessions as rewarding and therefore continue to volunteer.

“I don’t know, are the service users themselves asked, whether they felt, you know it would be interesting to have their involvement and their view of the group. Did we engage with them well? Did we maintain eye contact? Were any of us rude? It would

have been good for it to be a two-way process. At the end it would have been good if they had said “I felt comfortable or really uncomfortable talking to you as a group” because maybe, “none of you looked me in the eye”, “one of you was on your mobile”. I think it would have been good to have that two-way process at the end. That’s just a thought”- P5SWStud

A similar point was also expressed by few Nursing and Social Work staff indicating that research needs to be conducted to ascertain what motivates service users to volunteer. Additionally, these staff felt that an evaluation to determine service users’ level of satisfaction following participation in SUCI also needs to be conducted. These members of staff, just like the student stated that evaluation of the impact of involvement will make certain service users are continually enthusiastic about volunteering.

“There has to be something that they gain from it, you know the service users themselves. They have to be something that, there has to be some level of satisfaction that they get out of it, that motivates them and I don’t know how that is measured. Maybe somebody is measuring it, maybe someone is asking them: are you happy to do this role, are you finding it fulfilling, are you finding it good, is it a good experience for you to come in and talk to the students, what are you getting out of it, and if they are getting something out of it that they value then they will carry on doing it and want to do better, but I don’t know if that is something that is being done” –P10NAcadstaff

Both service users and staff admitted that evaluation of the impact of involvement in students’ education will be challenging. For example, service users felt that it might be an additional task to the already burdensome workload of lecturers.

“The need for feedback is a big thing, I think that I mentioned... certainly not to generate loads more forms and extra work for people, but just as a way of checking on

that what we are doing is effective and everybody is sort of happy with their roles”- P22SU

Additionally, these staff perceived that quantifying the evidence of its impact in students' education will be impossible. Another Social Work staff indicated that measuring its long-term impact on students' practices post qualification is also difficult. It can therefore be inferred that many of the lecturers are thinking that evidence of involvement can only be quantitatively measured.

“To be able to quantify the impact of service users involvement will be very difficult because measuring impact is a long winded process that needs to be calculated in stages”- P10NAcadstaff

“I think it is hard to really evaluate the impact service users and carers have on practice. I think getting that measure is hard and I think it is really good that you are doing this research....So, it is quite hard to kind of prospectively measure the impact. We want to know what the impact is in five year time in students practice, don't we? And whether there is still kind of, hmm, how the service user and carer involvement in education, had an impact” – P13WAcadstaff

Two nursing staff and one service user made clear that on several occasions' evaluation does occur after sessions. This evaluation usually seeks students' opinions about the involvement. Students are also asked to indicate if any aspect of their practice will change as a result of these encounters with service users. However, it was indicated that a lot times, the information derived from the evaluation is not communicated to service users. The service user indicated that the break in communication about the feedback from students have further made service users uncertain about its beneficial outcomes to students.

“There are usually feedbacks after sessions that service users have come to deliver, I hear from service users that is not filtered to them. On one occasion I went through the feedback with them and they were very glad I did as they said, nobody bothers to do this

with them.... So, we also need to make sure that the feedback that we get on any session is then fed back to the service user” – P18NAcadstaff

“I think one of the things that is perhaps, that could be improved is the feedback that comes, how the feedback collected is fed back to the service users. It is something I’ve raised before, in terms of how we could know we are on track with the kind of things we are offering, because if it isn’t useful then it’s a waste of our time and the university time, isn’t.... I think there are some feedback questionnaires, hmm from the students, and then they go centrally to staff X (the coordinator) but I, I can’t say particularly that I know, that I have learnt anything from that because the information has never been shared”- P22SU

Overall, participants have strongly recommended that an evaluation of the impact of service users and carers’ involvement needs to be carried out. Although, both service users and staff indicated that evaluating the impact of involvement is challenging. However, both participants admitted that these evaluations will further improve involvement in students’ education in the long run. Also, one student and few staff perceived that feedback from service users will continually ensure service users feel valued and perceive sessions with students as rewarding.

One service user and two members of staff indicated that although evaluation of students’ opinions about involvement sometimes takes place. However, the information obtained is not communicated to service users and this further makes service users uncertain about how their contribution positively influences students’ education. Additionally, some staff emphasised that evaluation which showcases the beneficial outcomes to students’ education is the remedy to change the minds of staff that are sceptical and resisting SUCI within the university.

C. Better resources

The need for better resources to effectively run service users and carers' involvement was strongly suggested by all service users and many staff. These participants perceived that if involvement was well resourced, then concerns raised earlier about service users' welfare will be addressed. Also, one Social Work staff emphasised that if the university truly values involvement, then, adequate resources need to be put in place to ensure its effective operation.

“One other things that has come from the 2 years of running the service users and carers course, has been the extent to which sometimes, service users and carers do not feel valued by the university because if the Uni really values involvement as they claim then they need to put ‘their money where their mouth is’ to allow effective running of involvement and also so service users feel valued”- P19WAcadstaff

For instance, both service users and staff indicated that more funds need to be allocated to service users and carers' involvement. One nursing staff used the word ‘shoe-string’ to express how involvement is currently operating on inadequate funds. This is because those staff and service users believe that adequate funds will help address the problem associated with lack of permanent administrative staff. Another service user suggested that more funds will ensure that involvement is continually carried out in students' education. This service user feared that inadequate funds increase the chance of their involvement going into extinction, especially in this present era of austerity across the country.

“There needs to be adequate resources, much of this work is operated on huge shoestring budget, there is no formalised budget for it, so, for me in delivering education, if there were more support structures, , much more of an active administrative and support structure, that’s not run on the shoestring, again, part-time here, part-time there, from a delivery of education perspective and even for things like-access, transport, contacting the individuals involved, planning sessions, briefing sessions, debriefing sessions, that will give it much more organised approach”- P18NAcadstaff

“Funds is one of the things that could be a problem and needs improving, even things like getting a permanent admin staff can be sorted and if no funds are available, especially with what is going on with the economy in this country, I wonder how service users and carers involvement will survive”- P21SU

In addition, nearly all service users and staff highlighted that permanent administrative support will address issues about payments which have been raised earlier by service users and some staff. This is because the administrative staff will ensure that payments are processed on time and service users are well supported to follow the necessary processes and procedures needed to secure the right payment. Also, concerns raised about the communication barriers existing when new temporary staff members are employed will no longer occur. More so, service users recognised that the increasing demand for involvement within the university also requires a permanent administrative staff to effectively facilitate their involvement.

“If there is proper staffing for involvement then many of the problems associated with payment may not exist in the first instance. The staffing definitely needs improvement”- P26SWAcadstaff

“They probably need to be more staffing at that level and that would help with making sure that the processing of payments, (and that was a huge complaint), it has taken months and months in some cases, to get the payment coming through in some cases for their participation”- P32SU

Another essential resource highly recommended by both staff and service users is staff having time allocation for carrying out service users and carers' involvement. These participants indicated that adequate staff time is needed to address issues around service users' preparation, inability to freely access

building and also the need to support service users when the role is traumatising.

“We need enough staff time, you know, everything we do in social work, in my view, because we have done it for quite a number of years and is such a sensitive area we do like it to be well organised, so that we do like to have a briefing sessions beforehand. Getting into the room where the students are. I think things like refreshments are important and to kind of make them feel at ease beforehand any questions and then they do the session and then we have another debrief after. That time is needed to continually improve things”- P13SWAcadstaff

“There needs to be staff time for involvement. Yon need that to prepare service users” – P14NAcadstaff

Many nursing staff subsequently made clear that service users' preparation ensures they are well informed of what is expected of them and not deviate from the original task assigned to them. Additionally, such preparation of service users serves as a means for staff to guide them on how to express their negative views about health and social care professionals and services in a constructive manner. Thus, such sessions will not be perceived as a platform where service users have come to 'grind an axe'. In the same way, these staff indicated that structured preparation will avoid cases of disagreement during role and this view is supported by one service user who talked about adequate preparation making social work interviews for prospective students more successful as all parties involved in the interview are aware of their roles.

“In terms of practicality, what will improve is, ADEQUATE TIME within, what we call the workload allocation, we have a workload plan for the year, service users involvement can take- time, patience, planning, it doesn't fit into the tick box....it is a quality process that takes quality time, It doesn't just take a 5 minutes, “oh, hello, can you come and do my session within next week please” and that needs to be understood, you can't just pull a session together without any preparation work, or allocated work

load hours to make that happen, you know those unnecessary surprises can be addressed during the preparation time, like, you can help the service users channel those negativity and let them know what the students will expect of them, so that allotted time would really help”- P18NAcadstaff

“In social work, they have a different approach to interviews. A group of people who have come for interviews, they all meet in the same room. Staff X is there, the Service User or carers and other interviewers are there – all introduce themselves and then they talk... which I think helps to diffuse it a little bit”- P21SU

Generally, service users and staff recommended that adequate resources are needed to ensure that SUCI makes a positive contribution to students' education. These participants identified that resources such as funds, permanent administrative staff, training of service users and carers and allocation of staff time are highly crucial for the effective running of SUCI.

“There needs to be resources available like funds and manpower to train the service users and carers that volunteer. That way they will be competent in contributing to students learning and making a valuable contribution”- P19SWAcadstaff

Furthermore, it was indicated that adequate funds will help secure permanent administrative staff. The need for permanent administrative staff was strongly indicated by both staff and service users. This permanent administrative staff will help address issues around delayed payment and ensure service users are well informed about payment procedures.

The need to allot staff time for service users and carers' involvement was emphasised by both service users and staff. This staff time was recognised as being essential to address issues pertaining to disagreement during role, service users deviating from the task originally assigned to them, and also service users using involvement as a platform to vent negative issues.

Additionally, allotted staff time for involvement also allows staff to set aside time to de-brief service users.

All in all, it can be said that better resources is needed to address some of the concerns participants raised earlier about service users and carers' involvement. These resources have been identified as being crucial in dealing with issues pertaining to service users' welfare and concerns during role.

D. Building healthier relationships

The need to build healthy relationships between staff and service users was recommended by both service users and staff. Some Adult Nursing staff suggested that meetings or forums should be set up. It is believed that such meetings or forums will serve as an avenue for both service users and staff to network and identify how service users and carers' involvement will continually impact positively on students' education.

“I’m thinking perhaps some dedicated sessions where we meet with service users; we try to develop their involvement further, more time to sit with them and prepare them for the things we want to get them involved with, you know like forums and meeting”- P12NAcadstaff

However, this suggested meetings or forums indicated by these staff already exist. A small number of Nursing staff and nearly all Social Work staff and all service users made clear that a lot of effort has been made by the university and the service users' co-ordinator to ensure a healthy relationship exist between staff and service users. For instance, meetings or forums such as, coffee mornings, strategy hub meetings and many more are already in place. In spite of this, some members of Adult Nursing staff still indicated that are not aware of those meetings or forums. These staff claimed that a communication

barrier does exist between staff and service users. This explains why both staff and service users strongly recommended that it is the academics that need to make efforts in building this healthy relationship and ensure no communication barriers exist. Therefore, it can be said that organisational efforts to build healthy relationships have already being put in place. However, academics need to go the extra mile to effectively build a healthy relationship.

“We do have various forums and stuff like that but what I think is, the staff needs to make an effort to communicate with us” - P22SU

You know, there are a lot of meetings out there to meet with service users and develop that relationship but many staff are still not aware of those meetings and lots of emails are passed around but it might be because they are busy. I guess that why the relationship between staff and service users have stayed the same over the years and really I think we as staff need to start making effort” - P17NAcadstaff

Additionally, staff recommended that healthy relationships need to be built amongst themselves with regards to carrying out service users and carers' involvement. This is because some staff explained that a communication barrier does exist amongst staff. On some occasions, more senior staff had not communicated with junior staff about service users and carers' involvement. One staff pointed out that in such cases it felt like involvement was foisted upon the junior staff.

“I think academic staff could try and communicate better with each other over the use of service users. Like I said in my experience I didn't know we were getting service users and we had started the class and then they were brought in and I felt that wasn't very fair on them and it wasn't very fair on like us.... but there is no reason why we can't communicate with each other beforehand to say there is someone coming in and you can arrange it” - P11NAcadstaff

Less than half of nursing staff suggested that service users and carers' involvement should be included in course meeting's agenda. This will inform all members of staff within the faculty of how involvement is being operated. Furthermore, some nursing staff also suggested that more inter-professional forums or meetings are required. These staff indicated that this will build more healthy relationships amongst staff about involvement. This is because all academics will be made aware of how each course are carrying out involvement. More so, academics will be able to learn from each other some good practices about involvement which can then be implemented. At present, such inter-professional forums, meetings, and conferences where each academic staff from each course are invited to speak about service users and carers' involvement are already in place.

"I also think we might not know what is going on in our own establishment.... we don't really know about what is going on in other departments, we don't share enough across the faculty.... So, again, you know, it's about learning what is going on across the faculty, and that will perhaps improve engagement, because we could share approaches and learn from each and also collectively champion the whole approach"-
P15NAcadstaff

Some Nursing staff expressed that they are unable to attend these forums or meetings. These staff explained that allotted staff time for involvement will allow them to attend these already existing meetings or forums. Hence, these staff concluded that the best way to build a healthy relationship that further promotes service users and carers involvement in students' education is for the university to allot staff time.

"You know a lot of activities go on with service users within the Uni like conferences, forum and all that, but I for one, I can't attend because it hard to spare the time on top of your busy workload. Those staff time for involvement I mentioned earlier can be

spent attending this meeting and that can improve one's relationship with service users, really"- P10NAcadstaff

The need for cultural embracement of service users and carers' involvement within the University was also suggested by a number of staff as greatly required to improve it. These academics believe that such cultural embracement will allow the university to allot staff time for involvement. Additionally, it will make the university a more enabling environment whereby both service users and staff will find it less bureaucratic.

"There needs to be a cultural embracement of this (service users and carers involvement) as a core business as oppose to a tokenistic opportunity, that gives staff adequate time and less bureaucratic for staff and service users that culture that facilitates involvement rather than recede it"- P18NAcadstaff

Service users had earlier expressed that the bureaucratic nature of the university is frustrating. Also, staff indicated that requesting for service users could be quite bureaucratic and this further inhibits them from building healthy relationships with service users. More so, three staff also pointed out that the cultural embracement of involvement will further create an environment where staff can freely speak about it. Few staff stated that their reluctance in building healthy relationship can be attributed to not being able to be truthful about it. They indicated that such candid and direct views are often perceived as being negative and such academics are labelled as being resistant to service users and carers' involvement or 'anti-SUCI'. This explains why these staff stated that a cultural change that enables academics to have honest conversation which are viewed as constructive criticism is needed to build a healthy relationship.

"I think we need an environment that lets you speak freely about involvement. I think it is a difficult area to talk about because it is something I am really committed to doing but that doesn't mean I think it is easy and it doesn't mean that I necessarily always

think it's completely appropriate, you know, I don't ever have any reservations about what we are doing and I strongly think it is really important that we can have an honest conversation about that really without one appearing as though one's being negative about service users and carers. It's kind of difficult to raise problems about it sometimes without it seeming like you are negative about the whole idea, if that makes sense"- P16SWAcadstaff

In summary, the need to build strong healthy relationship was identified as being very essential to greatly improve service users and carers' involvement. Having dedicated sessions where staff can meet service users was suggested by staff. However dedicated sessions such as coffee morning meetings, service users' forum, strategy hub meetings and many more are already in place. Nevertheless, some staff claimed not to be aware of these dedicated sessions while others indicated that their non-attendance can be attributed to not having allotted staff time for involvement.

Furthermore, a cultural embracement of service users and carers' involvement by the university was also suggested by staff as being essential. Staff indicated that this cultural embracement will allow staff time to be allotted for involvement. Also, staff have expressed that cultural embracement will further help build healthy relationships and create an environment where staff can express their views about involvement without being labelled as being in opposition to it.

Additionally, the need to build healthy relationship amongst staff and across each course was also suggested. Although, some proposed measures were already in existence. However, some measures such as, staff course meeting agenda having service users and carers' involvement was indicated as being necessary. Also, it was indicated that healthy relationships amongst staff and across courses will ensure that good practices about involvement are shared and implemented within each course.

All in all, both staff and service users acknowledged that a healthy relationship is needed to improve service users and carers' involvement. Organisational efforts have been made to build this healthy relationship, however a communication barrier between staff and service users as well as amongst staff continues to exist. It has been suggested that additional effort by staff is the key to building this healthy relationship.

5.5. INTEGRATION OF FINDINGS

This section aims to discuss how both qualitative and quantitative findings gives better understanding of active SUCI in students' education from the perspectives of the three main stakeholders. As earlier discussed within the methodology chapter, quantitative data in the study was embedded into the qualitative data to supplement the findings from thematic analysis. Thus, quantitative analysis provided contextual information about the participants and service users and carers' involvement at the research site.

Data integration identified aspects of quantitative and qualitative findings that were both conflicting and in agreement. It helped to uncover some findings which may have otherwise been neglected by a single method. Majority of the qualitative and quantitative findings in this study were consistent and convergent. However, it was noted that the information filled in on questionnaire by students, especially nursing students contradicted some of their comment made during interviews or focus groups.

Therefore, this section will begin by discussing aspects of the qualitative and quantitative results that are convergent. Thereafter, divergent findings from both methods are explored.

CONVERGENT FINDINGS

Almost all staff and one student had earlier indicated their concerns about the service users group (SUCCESS team) not being fully representative of service users and carers in general. These participants pointed out that the SUCCESS team was not diverse in terms of age, ethnicities, sexual orientation, religion, social class, illness and disabilities. Not all the points raised by these participants were covered in the questionnaire administered. However, demographic information of service users corroborated these comments. For instance, all (100%) service users who took part in this study were from White British ethnic group and all service users were above the 50 years age group.

Many staff expressed the view that allocation of staff time for service users and carers involvement was an essential determinant of the level and extent SUCI is carried out. Descriptive analysis indicated that majority of the staff presently teach on 4 or more modules. This perhaps explains why less time is allotted to conduct involvement because a greater proportion of staff acknowledged that only one of the modules they currently teach embeds service users and carers involvement.

Academic staff and service users' comments during interviews and responses on the questionnaire about current educational activities with involvement were convergent. Academic staff and service users' comments indicated that interviews for prospective students and sharing illness or caring experiences and teaching were the educational activities service users and carers' involvement had mostly occurred. This is similar to quantitative findings where academic staff and service users reported a high percentage (more than 80%) of involvement in these educational activities.

Less common educational activities with involvement such as, skills session, assessment of students' practices, evaluation and development of modules and courses were mentioned by majority of the service users and Social Work staff but few Nursing staff. This is in support with the cross-tab analysis which

revealed that 75% of social work staff compared to only 18.2% of nursing staff had involved service users in assessments of students

DIVERGENT FINDINGS

There were discrepancies in the qualitative and quantitative findings from students' data. Majority of the nursing students commented during interview and focus group indicated they had only encountered service users in educational activities such as teaching and sharing illness or caring experience. On the contrary, crosstab analysis indicated that nursing students had encountered service users in educational activities like discussion forums (45.5%), skills session (54.5%) and assessment (54.5%).

It is likely that the questionnaire served as a prompt reminding student of other educational activities outside teaching and sharing illness experience where involvement had occurred. It could also be argued that those nursing students assumed that the service users and carers were members of staff or actors during educational activities such as: skills session, assessment, and interviews. Thus, they tend to remember encounters where they identify the service users as an individual with an illness or caring experience.

For instance, simulated skills sessions involve a service user performing a scripted role. Whereas, educational activities such as teaching or sharing illness experience, service users are often given the opportunity to share their illness or caring experiences and usually they are introduced to students as service users or carers. This further helps students to recognise such session as having service users and carers involvement.

Furthermore, the nursing students claimed that they only encountered service users in their 2nd year. However, crosstab analysis showed that 36.4% and 54.5% of nursing student had encountered service users in their first and third year respectively. The 2nd year happens to be the academic year those nursing students encountered service users in those educational activities (teaching and

sharing illness experience) they could remember. Hence, it can be inferred that students will most likely remember encounters with service users that involves the service user or carer sharing their illness or caring experience.

This is contrary to the comments many of the students had made earlier during interviews and focus group. However, such discrepancies will not have been obvious if just qualitative data analysis was carried out in this study.

Overall, it appears that in most cases both qualitative and quantitative findings were consistent and convergent. Qualitative findings were able to give more understanding regarding participant's views and comments on the non-representativeness of the service users group. It also provided better insight into the thinking and attitudes of academic staff with lack of time being cited as a frustration, making them have insufficient time to carry out SUCI.

Academic staff and service users' comments during interview about educational activities with involvement were consistent with descriptive and crosstab analysis from quantitative data. However, there were disagreement in the nursing students' comments and the quantitative findings. The majority of the nursing student claimed to have encountered service users just once in their second year and this comment was not in alignment with the filled information on the questionnaires. Therefore, it is most likely that students only recognise SUCI in educational activities were service users or carers have either being introduced as such or given the opportunity to share their illness or caring experience.

5.6. VERIFICATION OF FINDINGS

In the methodology chapter (chapter 4), it was stated that the Colaizzi (1978) framework for phenomenology data analysis will be utilised in this study. The last step of Colaizzi (1978) framework involves validation of the findings by returning to participants to discuss the emerging themes and sub-themes. This is very crucial as it buttresses the ethos of this study about involvement. As indicated earlier in the design and methodology chapter (chapter 4). A pragmatic decision was taken to return to the advisory with the emergent themes, theme clusters and formulated meanings groups rather than the study participants. This may be perceived as a limitation as the interpretation of the findings by the advisory group members might not truly represent the views of the study participants.

This explains why verification took place with the service users' hub group of the university which is a team of academic heads, lecturers, service users' co-ordinator, students, service users and carers who meet quarterly to evaluate service users and carers' involvement in students' education across the university. The combination of various stakeholders within this group is an advantage as it helped to triangulated viewpoints, thus enhancing the trustworthiness of the study.

The original intention was to carry out the verification with an advisory group that had no study participant. However, this particular advisory group had both non-study participants and the study participants. There were 13 individuals present on that day of which 5 were study participants (3 service users and 2 academic staff). This was helpful in improving the credibility of this study both by non-study participants and study participants (Colaizzi 1978; Wright *et al.*, 2006). The main themes and sub-themes emerging from this study were discussed with members of this hub group.

Generally, there was strong agreement amongst members of the advisory groups (both study participants and non-study participants). The findings of this study reflect the experiences and perceptions of all three participants' groups.

Members of strategy hub group were satisfied with the findings emerging about the beneficial outcomes to all participants and extent of SUCI in students' education. However, four members in leadership roles were displeased about the findings emerging with regards to 'participants concern about SUCI'. These members stated that few of the concerns have been rectified.

For example, it was stated that the problem about lack of administrative assistant for the service user's co-ordinator has been rectified because a permanent administrative assistant has been employed. In addition, delayed payments and not being paid the right amount have also been resolved. Also, the diversity of service users has been slightly improved due to recruiting younger service users and carers as well as individuals from Black and Ethnic Minority groups.

Nevertheless, I made clear to them that these concerns existed at the time of data collection and were pointed out by study participants. Furthermore, members of strategy hub group were reassured that it will be made clear within the study that those concerns have been resolved. All in all, it can be said that the findings of the study reflect the experiences and perceptions of participants about SUCI in students' education.

5.7. SUMMARY

This chapter has presented the findings of this study which set out to 'explore active service users and carers involvement in students' education from a tripartite perspective of the three main stakeholders' (academic staff, students with service users and carers') in higher education. Findings were described sequentially beginning with quantitative findings, thereafter qualitative findings were explored.

Quantitative data analysis involved two stages. In the first stage, descriptive statistical analysis was presented regarding participants' demographic background and the current measurable scope of SUCI as well as practical factors contributing to the delivery of active SUCI. In the second stage, cross-tabulation results compared information about the current scope of SUCI between the two pre-registration programmes (Social Work and Adult Nursing).

Qualitative data findings presented themes and subthemes emerging from semi-structured interviews and focus groups. Four common themes were explored in this chapter and these are: current nature of SUCI as practiced at the time of the study, participants' perceptions about the beneficial outcomes, participants' concerns, and participants' recommendations.

Finally, integration of both qualitative and quantitative data was considered in this chapter. In most cases both qualitative and quantitative findings were in agreement especially for academic staff and service users. However, there were discrepancies in nursing students' comments and quantitative findings. Finally, verification of study findings by an advisory group was discussed in this chapter. Generally, the interpretation of findings was reflective of the current nature and impact of SUCI in both pre-registration degrees at the time of data collection.

CHAPTER 6

DISCUSSION

6.1. INTRODUCTION

The previous chapter presented the tripartite views of the main stakeholders in Higher Education (service users and carers, academic staff and students) about active Service Users and Carers Involvement (SUCI) in Adult Nursing and Social Work pre-registration programmes. This chapter takes this thesis one step further. It begins with a consideration of the limitations of this study so that the discussion is understood in the context of these limitations. Thereafter, the essence of service users and carers' involvement which emerged from the findings of this study are considered and their implications for education, research, practice, and policy are explored. Implications of the study findings and evidence-based recommendations that may inform future education, policy, practice, and research on SUCI in Adult nursing and social work pre-registration degree are discussed. Finally, contributions to new knowledge which emerged about active SUCI from this study and opportunities for future research are highlighted.

6.2. LIMITATIONS OF THIS STUDY

It should be acknowledged that this study reflects the viewpoints of the three main stakeholders in HE about active service users and carers involvement in two pre-registration degrees (Adult Nursing and Social Work), in an academic year (2014/2015), and at a specific Higher Education organisation (The Faculty of Education, Health and Wellbeing, University of Wolverhampton). At the time

of data collection, involvement was supported at a senior level and viewed as part of the ethos of the health and social care pre-registration courses.

It should also be noted that at the time of data collection, the Social Work pre-registration programme had been carrying out involvement for about 8 years whereas the Adult Nursing degree was only in its third-year iteration of conducting it. Therefore, the views may be situationally specific and could be different if the study were conducted in setting where involvement was not viewed as important. Also, there might not be differences between the viewpoints of participants of the two pre-registration programmes, if it started at the same time.

This study focused on the perspectives of the main stakeholders and did not consider the viewpoints of other stakeholders in Higher Education such as: the service user co-ordinator, assistant administrators, and strategic leaders within the faculty such as the Faculty Dean and key directorate. This may have helped to understand its impact in students' education from a broader perspective.

The use of pragmatic framework in this study provided the freedom to use all available methods to clarify details and cross-validate findings with the aim of generating robust findings about the impacts of active involvement on students' learning. However, this flexibility also poses a limitation as data collection and analysis methods have been selected based on what is deemed to 'work best' to answer the research questions and make it difficult for other researchers to model this study. Therefore, it should be recognised that the reported impact may be based on the framework that underpins this study and could be different if another theoretical framework was utilised.

As a mixed method study whose major research approach is qualitative, the findings of this study can not necessarily be generalised about service users and carers' involvement in Adult Nursing and Social Work pre-registration courses in all HE settings. Nevertheless, the findings of this study are transferrable and applicable to other HE settings where service users and carers involvement is planned or being developed in the Adult Nursing and

Social Work pre-registration courses. Moreover, the rigour applied while planning, piloting, and implementing the research and using the pragmatic framework offers a model for others to consider.

The small sample size chosen to investigate the perception of the study respondents although small, nevertheless, it is a typical characteristic of a qualitative approach used to generate in depth knowledge. The intention was to deliberately seek the perceptions of those stakeholders that have experienced service user and carer involvement in a pre-registration Higher Education environment (Creswell 2013). The use of maximum variation sampling technique facilitated optimal exploration of involvement amongst all three main stakeholders (Miles and Huberman 1994; Creswell 2013).

It is acknowledged that the participants are self-selected and volunteered because of being asked. This could potentially skew the findings of this study. This is the reasons probing questions were used to elicit responses from participants. Further, the findings of the study reported a balanced perception of the impact of involvement outlining clearly both its positive and negative impact in Adult Nursing and Social Work pre-registration courses. Also, the number of participants within each focus group can be viewed as small, thereby resulting in generating fewer concepts in comparison to a larger group size (Watson *et al.*, 2008). However, having a small group size was advantageous because it allowed deeper probing and facilitated the group discussions, ultimately increasing the interaction and debate between the participants (Morgan, 1998b).

6.3. DISCUSSION OF ESSENCES

This section will discuss the essences of service users and carers' involvement in Adult Nursing and Social Work pre-registration programme which emerge from the findings of this study. This will be discussed in relation to the general body of knowledge by reflecting on emerging literature, the aim and objectives

of this study and the outcomes of data analysis. Figure 19 (page 246) gives a pictorial illustration of the essences discussed in this study.

Discussion will be centred on:

- A. Incorporation of lived experience
- B. Context of involvement
- C. Perceived impact on the three main stakeholders

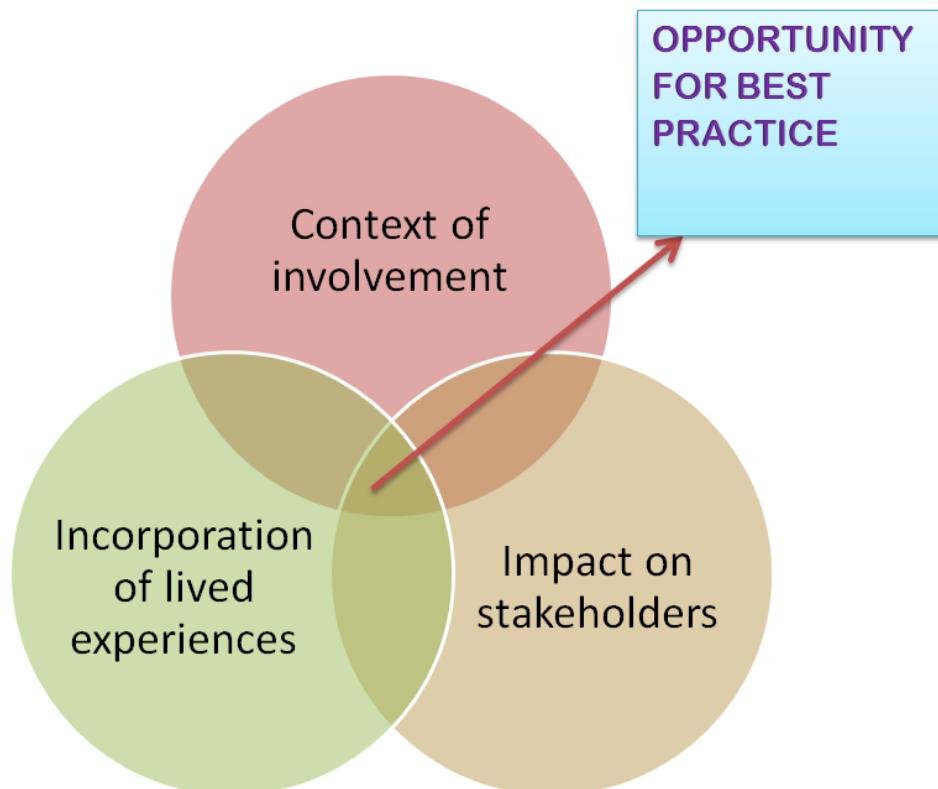


Figure 19: Essences of service users and carers involvement in students' education

A. Incorporation of lived experience

The lived experience of service users and carers is the crux of their involvement in students' education. There is no doubt that the incorporation of these lived experiences is progressively recognised as a valuable aspect of health and social care pre-registration education. The incorporation of service users and carers lived experiences is often described using models. These models are usually presented as ladders or continuum. It is often said that the more the incorporation of service users and carers, the more active and meaningful service users and carers' involvement will be.

This explains why the incorporation of the lived experiences of service users in students' education should be described by both the **scope** of involvement and the **inclusiveness** of service users and carers in various educational activities. The scope and integration of service users and carers are the first two of the four criteria of the Tew, Gell and Fosters (2004) model and has been explained earlier (see **section 3.6**). This is important because increased scope (systemic) of involvement in several educational activities does not imply active and meaningful involvement in students' education. Neither does decrease scope (piecemeal) of involvement indicate passive and less meaningful involvement.

It is true that if an organisation provides the right support, training and contracting system, service users will feel valued and perceive themselves as partners. Nevertheless, payment system and the support given to service users and carers do not necessarily give an indication whether involvement is systemic or piecemeal, nor active or passive, thereby given a directive of how meaningful involvement is within students' education.

This notion about payment and re-imbursement of service users is supported by the INVOLVE (2010) guide. These authors pointed out that this is very important, and it is a way for organisations to demonstrate their support for inclusion of service users/carers, as well as the equity of power between service users/carers and health/social care professionals. Additionally, they stated that it is a method of removing potential barriers that inhibits involvement. However,

these authors acknowledged that the amount paid to service users and carers will vary across various organisations and they did not attempt to be rigid about the rates. Instead, organisations were advised to have a payment policy agreed with service users and carers prior to commencing involvement. Thus, Tew, Gell and Foster (2004) model which utilises visiting lecturer's payment rate as an indication of how active and meaningful an organisation carries out involvement cannot be classed as a valid criterion.

In the light of all that has been outlined, I recommend the modification of Tew, Gell and Foster (2004) ladder of involvement. This modified version is a six-rung ladder with an additional level (Level 3- consultative involvement). Figure 20 (page 250) shows the modified six-rung ladder of involvement. The modified version considers the two essential criteria required for active and meaningful involvement, which are: the inclusiveness of service users/carers and the scope of involvement. The inclusiveness of service users/carers ranges from no involvement to partnership involvement.

The scope of involvement within this model is dependent on the type of educational activities involvement takes place. As previously indicated in the findings chapter **(section 5.4)**, classroom-based activities such as sharing illness or caring experiences, role play/real play and teaching are the educational activities involvement commonly takes place. Whereas, activities such as: validations and quality assurances processes; module and curriculum development; decisions about teaching and assessment methods and/or materials usually have less direct involvement.

However, due to the stated requirement that all Higher Education Institutions (HEIs) delivering health and social care courses should use Value Based Recruitment (VBR) to assess and select students into higher education programmes, involvement in students' selection is becoming more commonly practiced. Thus, classroom-based activities and students' selection are at a lower level within the modified framework.

This modified six-rung ladder has been suggested based on the advantages of the original Tew, Gell and Foster (2004) model which acknowledges that involvement is a collaborative activity amongst stakeholders' groups. It also provides a clear outline of the current status of involvement in students' education, thereby making it more straightforward to measure.

It is recognised that this modified six-rung ladder could result in researchers thinking that subsequent levels are more valuable than preceding ones with few studies reporting the highest level of the ladder. This may result in under-reporting of the impact of service users and carers' involvement. However, it should be noted that meaningful involvement can still take place at the lower levels of these models and the varied impact based on each level should be reported to aid great understanding of the impact in health and social care professional education.

Overall, this modified model takes into account the views and expectation of service users and carers about their inclusiveness in educational activities which is to jointly work and make decisions with academic staff in several educational activities. This view contradicts the Service user best practices framework (2013) and Arnstein's framework (1969) which indicates that involvement is active when service users and carers take full control of the task or activities. This is because the service users recognise their role as a supportive one and the academics as experts in student's education. Thus, their involvement enriches and complements academic staff role.

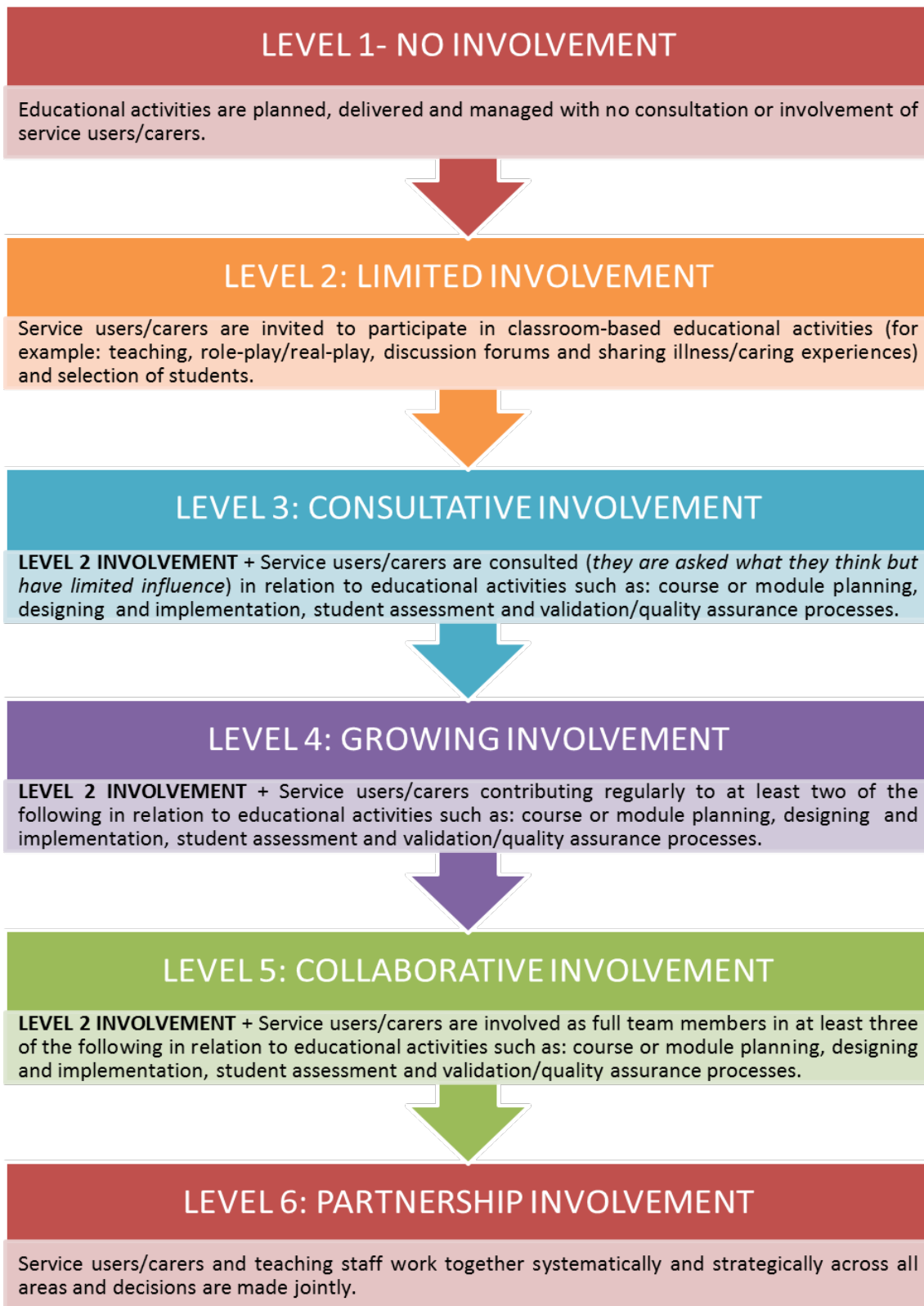


Figure 20: Modification of Tew, Gell and Foster (2004) ladder of involvement

B. Context of involvement.

The context service users and carers involvement occurs in an institution greatly impacts on its scope and inclusiveness. This view is supported by Popay, Collins and the PiiAF group (2014) which made clear that the context involvement occurs affects the process and often time the perceived impact. Three main factors have been identified as greatly influencing the context involvement can occurs. These are: Duration, institution, and academic staff. A closer look into these influential factors will help ensure that the trend of service users and carers' involvement in students' education continues to increase, remain meaningful and positively beneficial to all stakeholders.

Educational activities which recorded increased scope are usually the ones considered important by academic staff, the institution, and its leadership. This resonates with Gutteridge and Dobbins (2010) study where the university's leadership and staff preferences were great determinants of the scope and integration of involvement within the studied institution.

For instance, service users and carers' involvement in students' recruitment and selection was commonplace in this study and this is contrary to Morgan and Jones (2009) literature review. At the time of this study, there was growing emphasis from education commissioners about the need for involvement in the recruitment and selection of students, trainees, and employees. This then translated into a requirement for all Higher Education Institutions (HEIs) delivering health and social care courses to adopt Value Based Recruitment (VBR) in students' recruitment. Hence, the institution leadership and academic staff deemed VBR as essential because of government and education policies as well as PRSBs mandating VBR. This subsequently translated into the dominance of involvement in students' recruitments and selection.

Leadership is very influential in the success of involvement. Institutions with leadership that embraces service users and carers' involvement tends to make certain that resources, such as, funds, adequate staff time as well as necessary supports for staff and service users required for its effective operation are in

place thereby increasing its scope and integration and vice versa. The view is consistent with previous studies (Gutteridge and Dobbins, 2010; Ward and Rhodes 2010; National Institute for Health Research, 2015). A good leadership approach that promotes collaboration amongst staff and service users/carers will result in cultural embracement of involvement further increasing the scope and inclusiveness of involvement.

Institutional support for service users is essential and could potentially both increase and decrease the scope and integration of involvement in students' education. For instance, adequate support for service users with negative illness or volunteering experiences from other organisations will help ensure that involvement makes a positive contribution. This view resonates with previous studies (Lathlean *et al.*, 2006; Ward and Rhodes, 2010) which reported that past experience of service users and carers is both a potential inhibitor and motivator of involvement. This is important because service users and carers past illness or volunteering experiences can be a great drive and could result in changes in the manner health and social care education and service are delivered. Ocloo and Fulop, (2012) support this opinion, stating that those service users/carers are change agent that steers health and social care in the right direction.

Conversely, those past experiences could result in service users being unenthusiastic and their views being unhelpful; thereby, deterring those academic staff and others in leadership position from willingly conducting involvement. This therefore, puts an onus on academic staff, service user coordinators and many more in leadership roles to ensure that irrespective of the past experiences of the service user and carers, involvement makes a positive contribution to students' education.

Furthermore, both the duration of involvement being a regulatory requirement and subsequently practicing it are essential factors that could potentially increase the scope and inclusiveness of involvement in educational activities. Service users and carers involvement as a regulatory requirement by PRSBs

was identified as an important and major motivating factor which drives HEIs and Academic staff to conduct SUCI in students' education. This is in accordance with previous research about SUCI in students' education (DH, 2002a; the United Kingdom Central Council for Nursing Midwifery and Health Visiting, 1999; NMC, 2010; Thomson and Hilton, 2012; Rhodes, 2012; Hatton, 2017).

An important finding of this study is the recognition of the benefit of involvement to students' learning. This soon replaces involvement as a regulatory requirement of PRSBs and becomes the principal driver from the perspectives of participants, especially academic staff. This suggests that policies and regulations may be good initiators of involvement, but recognition of its beneficial outcomes is more influential in ensuring its sustainability. This further reinforces the importance of organisations provided the necessary support and resources required for evaluating and highlighting its impact. Indeed, some authors have previously concluded that if SUCI is not evaluated with its usefulness stated clearly, it stands a chance of being disregarded in the future (Holosko, Leslie and Cassano, 2001; Repper and Breeze, 2007; Towle *et al.*, 2010; Chambers and Hickey, 2012; Rhodes, 2012). Moreover, showcasing and recognising of its benefits is important in allaying some criticism of involvement and reducing academic staff resistance to its implementation.

Provision of support by allotting time to academic staff specifically for involvement may greatly influences the scope and inclusiveness of involvement in students' education. This is because involvement is a resource intensive activity that requires adequate staff time to prepare, plan and organise. This view is consistent with previous research (Gutteridge and Dobbins, 2010; Ion, Cowan and Lindsay, 2010; Ward and Rhodes 2010) about SUCI having resource implications on the workload of academic staff. Staff preparation for involvement will help avoid concerns that can emerge while delivering involvement. Staniszevska *et al.*, (2011a) supports this notion highlighting that majority of the conflict and disagreement that occurs between staff and service users/carers are majorly due to not apportioning enough staff time for

preparation for involvement. Furthermore, allocation of staff time helps academics build healthy relationship with service users and carers. This is because the allotted time would enable staff to engage more in forums and meetings with service users and carers.

The manner members of staff are inducted into involvement is as an important feature that can enhance or inhibit the scope and inclusiveness of involvement in students' education. If academic staff perceives involvement as being foisted on them, they can develop a negative attitude resulting in its resistance in students' education. This view also emerged in Masters *et al.*, (2002) study where improper staff induction to involvement led to staff feeling excluded, thus impacting negatively on its cultural embracement within the institution.

One way of creating a pleasant experience to staff induction is to have an academic staff member appointed as the link between service users/carers and members of academic staff. This appointed academic staff will also provide support and reassurance to staff if necessary. This is because academic staff could find service users and carers' involvement daunting and having a colleague that understand their fears and also provides the needed support and reassurance can help allay those fears. This notion is consistent with Ward and Rhodes (2010) study which reported a more positive attitude by academic staff due to an academic lead being appointed to induct academic staff to SUCI and serve as a link between service users/carers and members of academic staff.

C. Perceived impact on the three main stakeholders

The reflection of the three main stakeholders' group experiences of involvement indicate that it is generally accepted as beneficial but not without some concerns. Therefore, this section will critically discuss the impact highlighting both the beneficial outcomes and concerns of the three main stakeholder groups.

The ability of involvement to greatly improve the health and wellbeing of service users and carers is one of the highlights of its impact to these individuals. This view is consistent with previous studies (Ramon and Sayce 1993; Hanson and Mitchell, 2001; Morgan and Jones, 2009; Wood and Wilson-Barnett, 1999; Stayley, 2009; Brett *et al.* 2012; Brett *et al.*, 2014). However, some sceptics have continued to question its benefits to service users and carers. They state that involvement has the potential to re-open buried traumatic experiences of service users and carers, especially when they are sharing their lived experiences or engaging in some task/roles. This has been raised in previous studies (Rees, Knight and Wilkinson, 2007).

It is recognised that some involvement sessions can potentially evoke distressing emotions. For instance, I noticed while conducting interviews that some service users/carers were somewhat emotional when describing their lived experiences. Nevertheless, no service users/carers broke down weeping or wanted to stop the interview. In many cases, those saddening emotions were soon flooded with smiles and laughter as the interviews progressed. This therefore implies that careful consideration needs to be taken to ensure that there should be processes in place to support service users and carers when they are telling their lived experiences.

These critics also fear that institutions carrying out involvement are taken advantage of service users/carers free-will to contribute to students' education and not adequately catering for their welfare. Aspects of their welfare identified as concerning have been discussed in **section 5.4.** Researchers (Kramer, 2004; Attree *et al.*, 2008; Towle *et al.*, 2010; Speed *et al.*, 2012; Brett *et al.*, 2014) have equally identified some of these concerns identified in their studies. Overall, these authors have made clear that such problems occur due to not adequately planning, preparing, resourcing and apportioning staff time for involvement.

The feeling of empowerment which allows service users and carers to contribute to students' education at a level almost equal to academic staff is

another beneficial outcome of involvement to these individuals. This view agrees with findings of Rhodes and Nywata (2011) in which service users/carers in their study reported being empowered as a result of being involved in the selection process of student nurse. Additionally, the insight gained by service users/carers into health and social care professionals' profession is equally empowering to them.

This does not exclude the fact that concerns have been raised about empowering service users and carers. This is majorly due to the power shift to service users and some members of staff indicating that their expertise is being questioned. This often leads to conflicts and disagreements amongst staff and service users/carers'. Bradshaw (2008) as well as Repper and Breeze (2007) also expressed a similar view regarding service users and carers' involvement potentially resulting in academic staff wisdom and expertise being doubted.

It is clear that both service users/carers and academic staff want the same output with regards to students' education, which is to produce excellent health and social care professionals. However, variation in preferences and expectations are what differs. Van Audenhove *et al.*, (2001) support this notion and strongly express it as a major cause of conflicts and disagreements. Hence, measures need to be put in place to ensure that both service users/carers and academic staff view themselves as equal partners with complimentary but different roles that needs to work collaboratively to the benefit of students.

The perceived benefit of service users and carers' involvement on students learning as well as their skills, attitudes, behaviour, and practices is consistent with previous studies (Morgan and Jones, 2009; Attree *et al.*, 2008; Towle *et al.*, 2010; Lauckner, Doucet and Wells, 2012; Chambers and Hickey, 2012; Turnbull and Weeley, 2013; McMahon-Parkes, Chapman and James, 2016; Levy *et al.*, 2016; Hughes, 2017).

It is recognised that involvement contributes little to the technical skills required of professionals such as setting intravenous line, operating equipment and many more (McMahon-Parkes, Chapman and James, 2016). Nevertheless, the

ability of involvement to positively promote interpersonal skills, person-centeredness and critical reflection is enormous and a major contribution to students' education. This is in agreement with Levy et al (2016) affirmative view that involvement in students' education contributes to student practices.

Factors that could downplay the beneficial impact of involvement were also highlighted by students. These factors are: limited number of encounters with service users, the type of service user/carers not matching students' degree programmes (for example, Adult nursing students encountering mental health service users/carers), as well as students' level of education when encounters occurred. This evidence did not emerge in the literature, possibly because involvement is often simply presented as highly beneficial to students' education. The students did affirmatively indicate that involvement has been beneficial even in its present context in their education and learning. However, it has been highly emphasised that these benefits could be optimised if involvement is strategically implemented and increased in their education.

Academic staff also expressed that inadequate skills and training of service users/carers limits the influence involvement have on students' education. This is consistent with Attree *et al.*, (2008) and Towle *et al.*, (2010) views about inadequate training of service users and carers' being a limitation of involvement in students' education. Training provides the opportunity for service users and carers to develop the skills and knowledge that allows them to be confident and competent in contributing to students' education. Also, sufficient training allows service users and carers appear more professional which further helps them become confident and competent.

The explicit beneficial impact of involvement on academic staff role and their skills, attitude, and behaviour did not emerge within existing literature, although studies (Felton and Stickley, 2004; Gutteridge and Dobbins 2010) on staff opinions generally highlight that staff perceive involvement as positively enhancing students' education. However, it neither state how it positively influences academic staff nor its impact on their professional role.

Certainly, majority of academic staff who conduct service users and carers' involvement do so with aim of improving their students learning. They however rarely perceived themselves of also being beneficially impacted. This is perhaps the reason why fewer studies have reported these beneficial impacts to them. In this study, careful consideration by the academic staff allowed them to reflect. It is interesting to note that involvement influences academic staff skills, attitude and behaviour in a similar manner to students. The academic staff participants even used the same phrases and words used to describe the positive impact of involvement on students' skills, attitude, behaviour and practices to illustrate how it had positively influenced them.

Interestingly, academic staff members are recognised as one of the main stakeholders in students' education (Speed *et al.*, 2012; Speer, 2008). Nevertheless, they are usually portrayed in literatures as resistant to involvement due to power shift, and service users and carers now regarded as 'experts' (Felton and Stickley, 2004; Lathlean *et al.*, 2006; Happell, 2010). Some studies have even referred to them as gatekeepers that determine the development and sustainability of SUCI in students' education (Felton and Stickley, 2004). All of these may be contributory to the less report around the beneficial impact of involvement on academic staff.

Academic staff in this study did report more concerns about service users and carers involvement than the other two groups. This was probably due to their role which is to support students within the classroom. These concerns are mainly attributed to improper planning, preparing, resourcing and delivering of involvement. This is consistent with previous studies about staff perception both in academic and practice settings (Forrest *et al.*, 2000; Dogra *et al.*, 2008; Felton and Stickley; 2004; Wards and Rhodes 2010; Staniszewska *et al.*, 2011a; van Draanen *et al.*, 2013; Rees, Knight and Wilkinson, 2007).

Generally, if the concerns of staff are not addressed, they may develop negative attitudes and behaviour. This could subsequently results in academic staff having low confidence in carrying out involvement and resisting it in students'

education. Therefore, due to the dual role of academic staff as gatekeepers and beneficiaries of involvement, there is a need to identify measures that addresses the concerns highlighted in this study to ensure that it remains beneficial to academic staff.

6.4. OPTIMISING THE BENEFICIAL OUTCOMES INVOLVEMENT

Optimising the beneficial outcome of involvement will occur when there are opportunities to simultaneously strengthen the beneficial outcomes and motivating factors, and equally recognise the concerns and potential inhibitors with an intention to address them. Figure 19 above (page 246) illustrate the essences of service users' involvement in education using a Venn diagram. Where all three essences intersect it provides an opportunity for best practice. Therefore, a partnership working framework has been suggested as the best practice recommendation for optimising these beneficial outcomes in students' education.

Partnership working allows all stakeholders to come to an agreement about the nature of the problems and also reach a decision regarding the solutions to the problems (Nadioo and Will, 2010). It is aligned with the concept of co-production as it gives room for the organisation to agree (co-produce) decisions with all partners/stakeholders (National Institution for Health Research, 2015). Figure 21 (page 260) shows the proposed partnership working model that could potentially address the concerns and potential inhibitors of involvement.

This model takes into account Plampling, Gordon and Platt (2000) seven steps required for effective partnership working. These are: finding a shared goal; building trust gradually; finding a common currency; clarify vision and objectives; involving all stakeholders; having good communication, visibility and transparency of working; and developing human resources.

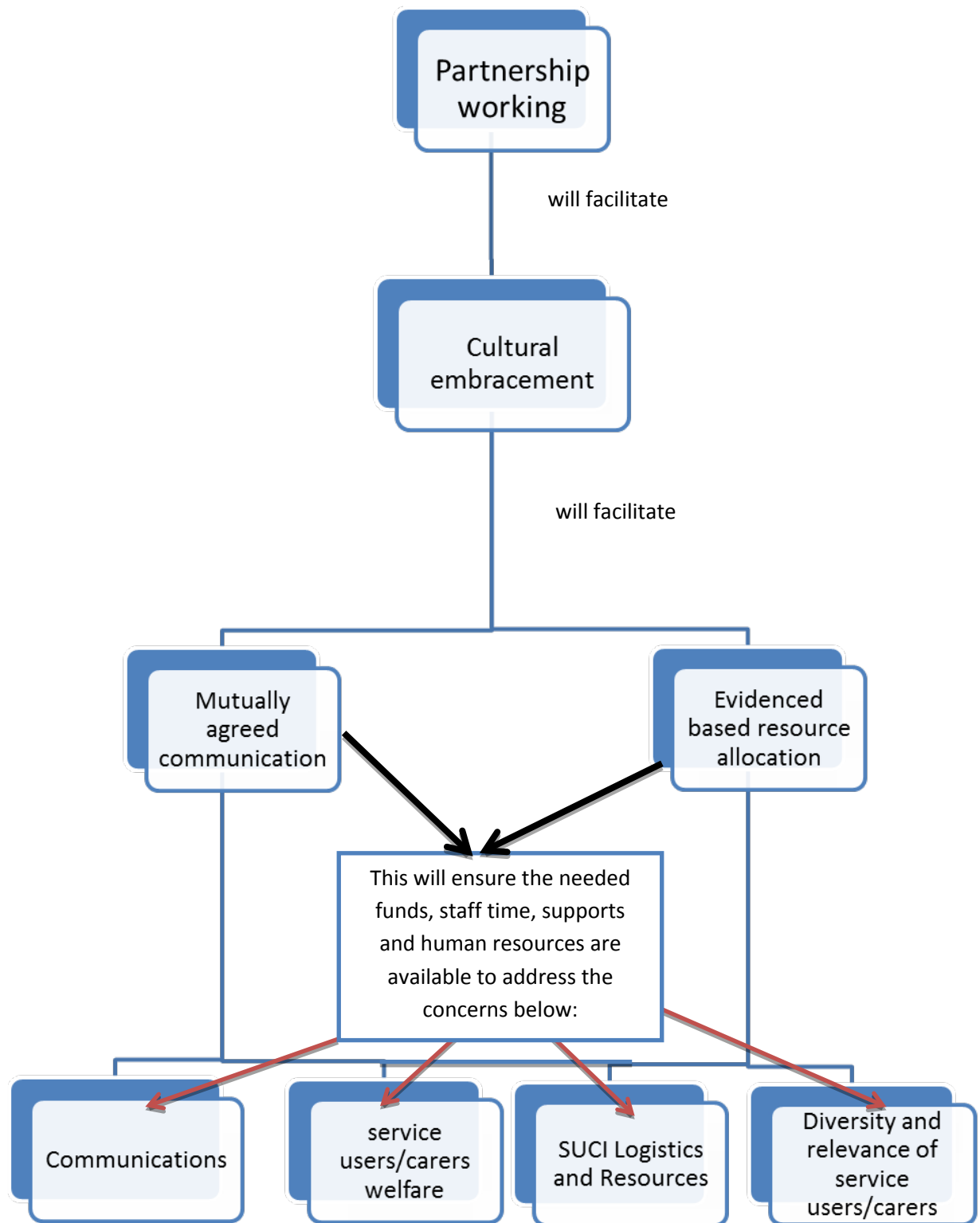


Figure 21: A partnership working framework that suggests ways of optimising the beneficial outcomes of SUCI

The sample university and its leadership had already adopted some of the steps outlined by Plampling, Gordon and Platt (2000). However, there is a need to continually implement all these necessary steps without leaving out any main stakeholder group. A closer look into the findings of this study indicates that the academic staff especially in Adult Nursing often felt left out about key decisions with regards to involvement in students' education.

This model will be useful in scenarios where all three main stakeholders share different objectives regarding involvement. For example, all three participant groups suggested the need for more service users and their involvement. However, there were slight differences in their purpose for this demand. In such scenarios, there is a need for all stakeholders to revisit the shared goals, visions and objectives and communicate effectively to arrive at a joint decision on the best way to move involvement forward and ensure it remains valuable in students' education. The continuous implementation of the seven steps of partnership working will help address some of the concerns raised by participants about service users' welfare and issues that arises while delivering involvement. In such scenarios, all stakeholders will be able to communicate effectively and arrive at solutions that address the voiced-out concerns.

This Partnership working model has been strongly recommended due to its ability to facilitate a cultural embracement both by the organisation and all stakeholders. Cultural embracement as a result of partnership working corroborates some of Francis Report (2013) recommendations about the need for a common culture that embraces involvement and makes service users and carers voices pivotal in health and social care services, education, and policies. This is because all stakeholders will view themselves as equal partners subsequently resulting in healthier relationships and better communication amongst all stakeholders. This eventually can help address the communication barriers that currently exist amongst staff, between academic staff and service users/carers, between academic staff and the institution/its leadership as well as between staff and the service user co-ordinator.

Furthermore, cultural embracement by virtue of partnership working would allow the University and its leadership to be more aware of the need for resource allocation to optimise the delivery of involvement. Financial, human, physical and emotional resources are needed to improve and sustain it in students' education. This is especially important in the current economic situation in the United Kingdom, where austerity measures have been put in place and there is budget cut to many sectors including the health and education sector.

Communication of resource allocation needs will ensure that appropriate management considerations is given to the financial implications of involvement including allocation of staff time. This study has demonstrated that allotted staff time has multiple effects on involvement in students' education. Staff time is a very influential factor and without adequate staff time, the effectiveness of involvement can be easily downplayed. This is evident in the differences in Social Work and Nursing academic staff attitude, where the Social Work staff reported less concerns and were more motivated to deliver service users and carers' involvement. Equally, staff time gives academics the opportunity to attend those dedicated forums and meetings that help to build healthy relationships and facilitate better communication.

Resource allocation makes it possible to address practical and administrative concerns raised by participants about service users' welfare, for example, access to buildings, prompt, and right payment and some of the privileges issues raised by participants. In addition, resource allocation will allow the budget and human resources required to support the training of service users and carers to be available. This will help service users and carers to be competent and confident in their roles. This is not to say service users' need to be trained in a manner that makes them lose their individuality as service users/carers. They need training to help ensure involvement in students' education is effective and valuable.

Furthermore, resource allocation makes it possible to easily conduct evaluation, research and also showcase the results of such evaluation using different

media such as forums, seminars, workshops, conferences, meetings and many more. Hence, better resource allocation makes it possible to inform education, policy, practice, and research about the potential beneficial impact of service users and carers' involvement. After all, this study has demonstrated that seeing the beneficial impact in students' education is a major driver that improves and sustains active and meaningful involvement. Moreover, conducting evaluation and showcasing the result of involvement aligns with Francis Report (2013) recommendation about the need for openness, transparency and candour within the health and social care sector.

Resource allocation is relevant to addressing the issues raised by participants especially in Adult Nursing about the number of encounters with service users and matching the service users to the field of study. This is because funds, human resources and support need to be made available to strategically increase the amount of involvement and effectively recruit diverse service users and carers to ensure students meet their learning goals. Partnership working enables a university to build healthy relationships with service users-led organisations, practice partners which thereby facilitate recruitment of diverse service users and carers.

This model encourages a collaborative leadership approach that facilitates democratic rather than an autocratic or bureaucratic leadership style and a healthy relationship amongst stakeholders'. It allows resources allocated for involvement to be understood by all stakeholders as they perceive themselves as joint decision makers which ultimately optimise the beneficial impact in students' education.

Nadioo and Wills (2010) make it clear that partnership working is very challenging, complex and requires getting used to by all stakeholders especially health and social care professionals. As rightly pointed out by researchers, partnership working can be time, energy and resource consuming, and does not guarantee that all partners will be in agreement. Also there is little evidence of its impact in health and social care (Percy-Smith, 2006; Douglas, 2009).

This Partnership working model acknowledges all the challenges outlined, which explains why Plampling, Gordon and Platt (2000) suggested that the seven steps to implementing effective partnership working should be continually carried out. The ethos of SUCI favours a partnership approach where all stakeholders are viewed as equal partners with a shared vision, aims and objectives to produce better health and social care students in the future. This model takes into cognisance all the recommendations indicated by the National Institute for Health Research (2015) of how to continually improve and sustain the beneficial impact of involvement.

Furthermore, this model is in line with the ethos of involvement which entails service users/carers working collaboratively with service providers within health and social care sector. Moreover, partnership working has been strongly recommended by policy drivers within health and social care. For instance, the recent policy framework (Leading Change, Adding Value 2016) proposed by NHS England to achieve its triple aim of better outcomes, better experiences and better use of resources have indicated that partnership working is the way forward to achieving its goals.

Douglas (2009) suggested that limited evidence of partnership working can be addressed by researchers focusing equally on the processes involved in partnership working and not only on the outcome of a partnership. Thus, longitudinal studies that evaluate various phases of partnership working are strongly recommended here. Generally, involvement is an affordable solution to training health and social care professionals to deliver excellent care and partnership working is a means of optimising those beneficial outcomes in students' education. This will help avoid future inquiries like the Francis Report (2013) reporting appalling care due to service users and carers not be listened to. Thus, this present study suggests that the benefits of a partnership working model appear to outweigh any drawbacks and therefore recommended for future best practice.

6.5. REFLECTION ON THE CONCEPTUAL AND METHODOLOGICAL TENSION

Service users and carers involvement existed in two forms in this study. First, service users as study participants and second, service users as advisory group members. Ideally, service users/carers who took part in the advisory panel should be amongst the study participants. This is usually the norm in studies about involvement. However, in this study, this was not the intention, an advisory group was used to assist and direct the research process, with the intention of increasing the credibility of the study.

While involvement usually in research entails the participation of these individuals in all aspects of this research. The focus in this study is involvement in education with the aim of exploring the perceived impact on the three main stakeholders. This supports the decision to use the pragmatic methodological approach to explore involvement from the context described in this study. Using the pragmatic framework allowed the opportunity to utilise what works best when it was challenging to have a consistent advisory group. Overall, the various types of service users and carers involvement described in this study aligns with the research aim and objectives, study design buttressing the ethos of involvement and trustworthiness of this study.

6.6. CONTRIBUTION TO KNOWLEDGE

This study has revealed some new insights about service users and carers' involvement in Adult Nursing and Social Work students' pre-registration programmes in Higher Education. This study contributes new knowledge by exploring the impact of involvement in the two pre-registration programmes from the perspectives of all the three main stakeholders' groups. Thus, it provided a holistic three-dimensional view of the impact in students' education, and practices in Higher Education.

Notably, this study provides evidence about how involvement is perceived by academic staff, the impact on their professional role as well as their skills, attitude, and behaviour. This has produced new insights as currently there are few studies that have explored the impact on academics. They are mostly viewed as gate-keepers, and suggested in previous studies as resistant to involvement in students' education. This study has revealed that academic staff members are in fact beneficiaries of involvement.

Some of the findings of this study provide an original contribution which can inform future research community about service users and carers' involvement. This study has revealed that for involvement to be meaningful in students' education, two essential factors are necessary which is the scope of involvement and inclusiveness of service users and carers in the assigned task. Hence, evaluation of involvement in students' education need not focus only on the scope but equally on the level of integration within the stated educational activities. This has led to the development of a modified six rung model that helps to identify how well involvement is active and meaningful.

Furthermore, a partnership working framework has been formulated in this study. This framework takes into cognisance the factors that impact on the context involvement and stakeholders recommendations of how to optimise the beneficial outcomes in students' learning and practices in Higher education.

6.7. OPPORTUNITIES FOR FUTURE RESEARCH

This study has evaluated the impact of active service users and carers' involvement in Adult Nursing and Social work pre-registration programmes. This has resulted in the emergence of a number of pathways for future research. Suggested research could replicate an evaluation of the impact in Adult Nursing and Social Work pre-registration programmes based on a varied method and also outside the United Kingdom. This is to compare the its impact in students' education within universities where it has not been accepted as the norm and

the PRSBs within the country have not mandated involvement as a regulatory requirement in health and social care education.

Furthermore, researchers may consider conducting a longitudinal study which measures the impact of active service users and carers' involvement in students' practices in placement settings. This sort of research should involve all main stakeholders in clinical/practice settings in order to have a holistic view of its impact. Also, future research which explores the impact of involvement after completion of a pre-registration programme may be considered. This will enable researchers to ascertain if the beneficial outcomes in students' education are sustained post-qualification. Peradventure, these beneficial impacts are not sustained post-qualification; researchers could conduct studies that identify reasons why this has occurred and ways of overcoming barriers for the sustainable impact of active service users and carers' involvement.

A modified ladder of involvement model was formulated within this study. This model takes into cognisance the two essential factors required in describing the existing nature and also the extent in which service users and carers' involvement is active and meaningful within an organisation. Future research may consider investigating and testing how this six-rung model of involvement describes the current nature as well as how active and meaningful involvement is in students' education in another context.

Additionally, future research that implements and tests the partnership framework formulated within this study is suggested. This is to identify how well this framework optimises the beneficial outcomes, strengthens the motivating factors and also deals with the concerns and potential inhibitors of service users and carers' involvement.

CHAPTER 7

CONCLUSION AND PERSONAL REFLECTION

7.1. INTRODUCTION

This chapter sets out the conclusions arising from this study of exploring active Service Users and Carers' Involvement (SUCI) in Adult Nursing and Social Work pre-registration programmes. A tripartite perspective from the three main stakeholders of involvement in Higher Education was used to explore the impact within the two programmes.

A review of the literature indicated that service users and carers' involvement is regarded as an essential component of students' education by many government and education policies as well as Professional Regulatory and Statutory Bodies (PRSBs). However, it is evident that there are limited studies that have explored its impact in students' education and none that have undertaken this from the perspective of all participating groups: students, academic staff and service users/carers in Higher Education.

This identified gap is the focus of this present study and a concurrent embedded mixed method design was employed to address this aim. This study generated new knowledge about active service users and carers' involvement as it is used in Adult Nursing and Social Work pre-registration degrees. Specifically, this study highlighted the perceived impact on the main stakeholders (students, staff, and service users/carers). The findings of this study can be used to inform Adult Nursing and Social Work education, practices, research, and policies.

This chapter rounds up this study. To begin with, the overall research aim and objectives will be revisited. Finally, a section on self-reflection is included.

7.2. REVISITING THE RESEARCH AIM AND OBJECTIVES

This study aimed to explore active service user and carer involvement in Adult Nursing and Social Work pre-registration programmes from the perspectives of the three main stakeholders in Higher Education.

The objectives of this study were:

- To examine the nature and scope of active service users and carers' involvement in Adult Nursing and Social Work pre-registration programmes in a specified university environment and at a specified time in the evolving implementation of this approach.
- To explore the perception of impact of the three main stakeholders about service users and carers involvement in Adult Nursing and Social Work pre-registration programmes.
- To examine factors that could optimise or limit the intended beneficial outcomes of active service users and carers' involvement in health and social care professionals' education in Higher Education.
- To formulate best-practice recommendations that will inform future education, policy, practice, and research on service users and carer involvement in Adult Nursing and Social Work pre-registration programmes.

Objective 1: To examine the nature and scope of active service users and carers' involvement in Adult Nursing and Social Work pre-registration programmes in a specified university environment and at a specified time in the evolving implementation of this approach

Review of existing literature identified that service users and carers' involvement has evolved over the years in health and social care professionals'

education in the United Kingdom (UK). Earliest record of involvement in the 1970s indicated that service users and carers were initially involved in students' education as resources in students' teaching and assessment. Over the years, the spectrum of involvement has widened and it is now more embedded within various educational activities.

Consistent with current literature, this study found that although involvement is increasingly becoming widespread in pre-registration education, the scope varies greatly within and between subjects even within the same university. This study found that the inclusiveness of service users and carers varies greatly, with participants' responses ranging from no inclusion to partnership inclusion. Furthermore, the scope and inclusiveness of involvement varies between the two pre-registration programmes that were the focus of the study with Social work having a wider scope and involvement than the Adult Nursing degree.

This study revealed several factors that influence the current nature (scope and integration) of active and meaningful involvement within the two pre-registration degrees studied. These are:

1. Regulatory requirement by PRSBs
2. Duration of conducting involvement
3. Recognising the benefits in students' education
4. Staff induction
5. Allocation of staff time to prepare for involvement
6. Staff attitude
7. Nature of previous experiences of carrying out involvement
8. Institution and its leadership.

Amongst all the factors itemised, the onset of service users and carers' involvement as a regulatory requirement by PRSBs of each course is a very influential and important factor, particularly in ensuring Higher Education (HE) committed resources to involvement. Other factors such as: duration of conducting involvement within the university, allocation of staff time, recognition of the benefits of involvement and staff induction were recognised as strong determinants of the differences in the scope and integration of service users and carers between Adult Nursing and Social Work degree.

In spite of the growth of involvement in students' education, there is still potential to increase its scope and inclusiveness across various educational activities and pre-registration programmes. This explains why a modified six-rung Tew, Gell and Foster (2004) model was proposed to provide a clear outline of the current status of involvement in students' education, thereby making it more straightforward to measure.

Objective 2: To explore the perception of impact of the three main stakeholders about service users and carers involvement in Adult Nursing and Social Work pre-registration programmes

This study identified that service users and carers' involvement is greatly beneficial to all three stakeholders. For instance, it improves the health and wellbeing of service users and carers as well as empowers them. However, concerns could also emerge about service users' welfare while engaging in involvement. Also, conflicts and disagreement could occur between staff and service users/carers which could negatively impact on their health and wellbeing.

This study found that involvement positively impacts on students learning and their students' skills, attitudes, behaviour and practices. Furthermore, it was reported that it positively influences academic staff professional role as well as

their skills, attitude and behaviour in a similar manner to those of the students. The staff raised concerns about involvement which were similar to those indicated by service users and carers when delivering involvement.

All in all, this study has recognised that active service users and carers involvement is mainly beneficial to all three main stakeholders in Higher Education. Nevertheless, there are some problems that have emerged and these could limit or undermine some of the beneficial outcomes identified. Hence, it is imperative to identify measures that optimise the recognised beneficial outcomes and minimise the limiting factors identified.

Objective 3: To examine factors that could optimise or limit the intended beneficial outcomes of active service users and carers' involvement in health and social care professionals' education in Higher Education

This study identified several factors that could optimise the beneficial outcomes of service users and carers' involvement in health and social care professionals' education. At the same time, if caution to implement these optimising factors is not in place, there is a chance that beneficial outcomes of SUCI could be limited. These optimising factors are:

1. Building good relationships especially between staff and service users/carers to support successful involvement in the classroom.
2. Better resource allocation to support involvement.
3. Evaluation and showcasing evidences about involvement.
4. Strategic increment of service users and carers and their involvement in students' education
5. Recruiting diverse service users and carers from different backgrounds and experiences to reflect realistically the real world.

6. Utilising a range of methods for capturing service users and carers' voices.
7. Strategic leadership in support of involvement.

This study has revealed that cultural embracement is the main key to optimising the beneficial outcome of involvement in education. This is because cultural embracement by all stakeholders and the leadership of an institution will have a ripple effect which ultimately ensures that factors that can optimise its beneficial outcomes are put in place.

Objective 4: To formulate best-practice recommendations that will inform future education, policy, practice, and research on service users and carer involvement in Adult Nursing and Social Work pre-registration programmes.

This study has revealed the need for a framework that informs future education, policy, practice and research on how to continually optimise the beneficial outcomes and also tackle some of the drawbacks of active service users and carers' involvement in students' education. The proposed partnership working framework was developed from the findings of this study and is based on the views of the three stakeholders in Higher Education. It was designed to promote best practice and recommend approaches to optimise the beneficial outcomes, strengthen the motivating factors, address concerns and minimise potential inhibitors of active service users and carers' involvement.

7.3. SELF-REFLECTION OF THE RESEARCH PROCESS AND EXPERIENCE

This research journey is one which has been full of a variety of emotions, from feelings of joy, accomplishment and increased self-confidence, to feelings of loneliness, uncertainties and exhaustion. I embarked on this PhD journey based on my interest to identify the impact of active service users and carers' involvement in students' education. As a health professional, whose undergraduate degree was from an overseas university where active SUCI hardly ever occurs, I was curious and highly interested in conducting this kind of study. This is because I was certain that the findings from this study will be helpful in producing excellent health and social care professionals in the future. Additionally, this PhD being a sponsored research project and available within the same University where I graduated with a Master's degree further increased my interest in pursuing this research degree. This explains why when the opportunity came to select a suitable candidate to conduct this study, I worked hard and gave it my all to ensure I emerged as the right candidate to pursue this PhD.

Carrying out this research without a consistent advisory group was a thing I had to come to terms with. As a growing researcher, I assumed that gaining permission from an organisation and communicating with key gate-keepers will be adequate in facilitating an easy and smooth access to potential study participants. However, I soon realised that potential participants' consent to engage in a study is very essential and is not dependent on gaining permission from an organisation nor communicating with key gate-keepers. Also, while seeking an advisory group for this study I met with individuals and/or organisations that wanted to deflect me from the research aim and pursue their personal agenda. I have grown more confident in saying no to such individuals and organisations. Rather, I stayed focused in achieving the research aim and objectives of this study.

As a researcher, whose undergraduate degree was in dentistry, conducting research with Adult Nursing and Social Work students and academic staff was challenging. Being an outsider in both degrees greatly impacted on the duration I spent gathering data. I had to quickly learn and understand how each programme differs and ensure that data collection was scheduled in line with the academic calendar to attract more willing participants. I also had to form close relationships with key individuals who acts as gate-keepers. Additionally, my supervisors' suggestion to attend a doctorate course on various methodologies also proved extremely useful as I did not only learn about research methodologies, but I met other members of academic staff who were interested in putting themselves forward as participants and also helped me market the research to their students.

I also struggled with my position as a researcher. As, this research progressed, it became quite apparent that I had to let go of my previous epistemological and ontological view in order to accomplish the research aim and objectives of this study. This was one battle I had envisaged right from the onset of the PhD journey, but I never expected it to be as hard and complex as it turned out to be. I spent months trying to understand qualitative research as a whole and also the NVIVO qualitative package which served as a great organising tool. I must admit it was my passion to see this research through that kept me going all through those months. In addition, my supervisors' continuous support and advice kept me resilient all through this period.

This research has also taught me some essential life skills which I am sure will gear me to having a successful career in the future. Some key events took place while carrying out this PhD. For instance, I moved houses twice, my younger ones got married, and I had a baby towards the end of my study and many more personal events. I had to learn how to balance my personal and academic life with neither interfering nor becoming detrimental to the other. I have sharpened my timekeeping and organisation skills and this proved helpful in ensuring I spend adequate time with my little baby and not miss out of his

childhood memories and at the same time devote time for the PhD. Also, having a supportive family helped me sail through those challenging periods.

Having carried out this research, I have blossomed as a researcher. My understanding of qualitative research has made me more self-confident as a researcher and I can say I am fast becoming a confident and competent mixed method researcher. Amidst the frustration experienced while carrying out this PhD study, I really enjoyed the entire PhD process. My passion, determination and resilience as an individual have been instrumental in ensuring that I complete this PhD study. Also, the helpful input, comments and constructive criticism of my supervisor made this PhD journey both enjoyable and challenging.

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APPENDICES

APPENDIX 1: Service Users/Carers Interview Protocol

RESEARCH TITLE: *An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education*

INSTRUCTION:

- Introduce self and establish rapport
- Ask if participant have read information sheet sent earlier and if any clarification is needed
- Explain rationale for the study- *To explore participants' perspectives of the views and experiences about active service user and carer involvement in Adult Nursing and Social Work Students' Pre-Registration Programmes and identify factors that optimise the beneficial impact.*
- Ask if participant is willing to participate
- Inform and show participant recording device
- Obtain consent and assure participant of anonymity
- Start audiotape and record participant code, time, date and venue.

Time of interview:

Date:

Venue:

Interviewer:

Interviewee code:

Questions:

1. Why did you choose to volunteer as a SUCCESS group member to support the work of the FEHW as a service user or carer?
 - When volunteering started
 - Any other relevant volunteering experience as a service users

2. How have you found the experience of volunteering as a service user/carer at the university?

Why?

3. How has your involvement in students' education and training influenced you as a service user or carer?

Why?

4. How will you describe the influence of active service users and carers' involvement in health and social care students' education and training?

Personal influence

5. Have you experienced any difficulties or problems in being part of teaching sessions with health and social care students?

Difficulties

Explanations

6. How will you describe your experience of working with staff while supporting students' education and training?

Why?

7. How can teaching staff help to improve the effectiveness of service users and carers' involvement on health and social care students?

8. Is there anything that can be done to improve service users and carers' engagement in students' education and training?

Any other comments

- Please fill out factual Questionnaire

Thank you for participating, a follow-up interview might be needed.

My Observations/comments:

QUESTIONNAIRE

PART A

Please tick the appropriate box

1. Age at last birthday:

Up to 24 years

☐

25-34 years

☐

35-49 years

☐

50-64 years

☐

Above 65 years

☐

2.

Gender:

Female

☐

Male

☐

3. Ethnicity

White		Asian or Asian British		Black or Black British		Chinese or other ethnic group		Mixed Group	
British	<input type="text"/>	Bangladeshi	<input type="text"/>	African	<input type="text"/>	Chinese	<input type="text"/>	White and Caribbean	<input type="text"/>
Irish	<input type="text"/>	Indian	<input type="text"/>	Caribbean	<input type="text"/>	Any other Chinese background	<input type="text"/>	White and African	<input type="text"/>
Any other White Background	<input type="text"/>	Pakistan	<input type="text"/>	Any other Black background	<input type="text"/>		<input type="text"/>	White and Asian	<input type="text"/>
		Any other Asian Background	<input type="text"/>				<input type="text"/>	Any other Mixed Group	<input type="text"/>

PART B

4. How long have you been volunteering as a service users or carer at the University?

----- Years ----- Months

5. In what way are you currently involved in the teaching and learning of health and social care students? (Please tick an appropriate box below)

	Yes	No
Delivering lectures to students		
Sharing illness experience		
Developing teaching materials (video tape, letters)		
Expert panel session		
Simulated skill session		
Developing learning outcomes		
Choosing materials for teaching		
Evaluation of students' performance		
Others (please provide more information)		

6. In the *LAST ONE YEAR*, how many times you have participated in the activities you ticked *YES* above. (Please tick an appropriate box)

	Never	1-2 times	3-4 times	4-5 times	6+ times
Delivering lectures to students					
Sharing illness experience					
Developing teaching materials (video tape, letters)					
Expert panel session					
Simulated skill session					
Developing learning outcomes					
Choosing materials for teaching					
Others (please provide more information)					

- 7. Please indicate the course you have volunteered in the last one year. (tick an appropriate box)**

Social work	
Adult Nursing	
Both	

APPENDIX 2: Academic Staff Interview Protocol

RESEARCH TITLE: *An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education*

INSTRUCTION:

- Introduce self and establish rapport
- Ask if participant have read information sheet sent earlier and if any clarification is needed
- Explain rationale for the study- *To explore participants' perspectives of the views and experiences about active service user and carer involvement in Adult Nursing and Social Work Students' Pre-Registration Programmes and identify factors that optimise the beneficial impact.*
- Ask if participant is willing to participate
- Inform and show participant recording device
- Obtain consent and assure participant of anonymity
- Start audiotape and record participant code, time, date and venue.

Time of interview:

Date:

Venue:

Interviewer:

Interviewee code:

Questions:

1. Can you tell me what activities you currently involve service users and carers?

2. How will you describe your experience of involving service users and carers in health and social care education?

Why?

3. What do you think are the reasons for involving service users and carers' in students' education and training?

- Personal reasons for involving service users

4. In scenarios where you have involved service users and carers, can you describe the contributions service user and carer involvement made to students' education and training?

5. How will you describe the influence service users and carers have had on you as an academic?

- Why did you say that?
- Emphasise personal influence

6. How do you think service users and carers' involvement is changing the teaching practice of health and social care courses? Why did you say that?

- What aspects of teaching

- What are this changes

- What are the effect of this changes?

7. Do you have any concerns regarding service users and carers' involvement in teaching students? Why did you say that?

- Has personal experience of involvement resulted in concern

8. How will you describe your level of confidence in involving service users and carers in teaching your module? Why?

9. What will help improve your engagement of service users and carers in your sessions?

- Can you say how it would improve your involvement?

Any other comments

- Please fill out factual Questionnaire

Thank you for participating, a follow-up interview might be needed.

My Observations/comments:

QUESTIONNAIRE

PART A

Please tick the appropriate box

1. Age at last birthday:

Up to 24 years

☐

25-34 years

☐

35-49 years

☐

50-64 years

☐

Above 65 years

☐

2. Gender:

Female

☐

Male

☐

3. Ethnicity

WHITE		ASIAN		BLACK		CHINESE		MIXED GROUP	
British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Other Mixed Group.	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other Chinese background	<input type="checkbox"/>		
Any other White Background	<input type="checkbox"/>	Pakistan	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>				
		Any other Asian Background	<input type="checkbox"/>						

PART B

4. Please indicate what health department you belong to:

- Social Work

☐

- Adult Nursing

☐

5. Please indicate how many years of experience in teaching (please tick the appropriate box)

0-5 years	
6-10 years	
11-15 years	
16-20 years	
>20 years	

6. How many modules are you currently teaching?

Part C

7. Please indicate which of the activities below you currently engage service users and carers (Please tick an appropriate box below)

	Yes	No
Supporting the delivering of Lectures to students		
Sharing personal experience of illness or condition		
Helping to develop teaching materials (video tape, letters)		
Expert panel session		
Simulated skill session		
Helping to develop learning outcomes		
Contributing to module development		
Contributing to assessment of students practice		
Others (please provide more information)		

8. Please indicate the number of module(s) you are currently engaging service users and carers

APPENDIX 3: Students Interview Protocol

RESEARCH TITLE: *An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education*

INSTRUCTION:

- Introduce self and establish rapport
- Ask if participant have read information sheet sent earlier and if any clarification is needed
- Explain rationale for the study- *To explore participants' perspectives of the views and experiences about active service user and carer involvement in Adult Nursing and Social Work Students' Pre-Registration Programmes and identify factors that optimise the beneficial impact.*
- Ask if participant is willing to participate
- Inform and show participant recording device
- Obtain consent and assure participant of anonymity
- Start audiotape and record participant code, time, date and venue.

Time of interview:

Date:

Venue:

Interviewer:

Interviewee code:

Questions:

1. Can you tell me about your encounter with service users and carers in the classroom or during your programme?

Type of encounter

When

2. How will you describe the experience of having service users and carers involvement within the classroom?

Why?

3. How did the experience(s) of service users and carers in the classroom influence you?

Personal influence

Why do you say that?

4. How has the experience of service users and carers involvement in your teaching and learning influenced your practice while on placement?

Personal influence

Why do you say that?

5. Would you like more or less service users and carer involvement in class?

6. Why Do you have any concerns about service users and carers involvement in your learning?

7. Do you think further improvements could be made in involving service users and carers' in your learning? Why do you say that?

Any other comments

- Please fill out factual Questionnaire

Thank you for participating, a follow-up interview might be needed.

My Observations/comments:

QUESTIONNAIRE

Part A

Please tick the appropriate box

1. Age at last birthday:

16-24 years

☐

25-34 years

☐

35-49 years

☐

50-64 years

☐

Above 65 years

☐

2. Gender:

Female

☐

Male

☐

3. Ethnicity

White		Asian or Asian British		Black or Black British		Chinese or other ethnic group		Mixed Group	
British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White and Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other Chinese background	<input type="checkbox"/>	White and African	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Pakistan	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
		Any other Asian Background	<input type="checkbox"/>					Any other Mixed Group	<input type="checkbox"/>

PART B

4. In what way have you encountered service users and carers your programme (Please tick an appropriate box below)

	Yes	No
Giving (oral) presentations/ lectures to students		
Sharing personal experience of illness or condition		
materials developed by service users (video-tape, DVD, letters)		
Expert panel session (Question time)		
Simulated skill session (role play session)		
Assessment of practice (formal or informal)		
Others (please provide more information)		

5. In what year of your programme did the encounters listed above occur (please tick an appropriate box)

Year 1	
Year 2	
Year 3	

APPENDIX 4: Participant Letter

A. Service user copy

Dear

You have been invited to participate in a research project, which I am conducting as part of a PhD programme at the University of Wolverhampton. Attached is an information sheet which explains the nature and the focus of the research study as well as further information about how to get involved.

Please be assured that anything you say would be totally confidential and any notes made during the interview would be destroyed once the study is completed. The interview will be no longer than 45 minutes at on A report will be written of the findings and will be anonymised so that you cannot be identified or singled out.

If you feel that you would like to take part in the interview, please send an email to [e-mail address redacted]. If you would prefer not to be involved, please destroy/ignore this letter. If you decide not to be involved, I would like to assure you that your involvement in the SUCCESS group will not be affected in any way.

Yours sincerely,

Opeyemi Odejimi

B. Academic staff copy

Dear

You have been invited to participate in a research project, which I am conducting as part of a PhD programme at the University of Wolverhampton. Attached is an information sheet which explains the nature and the focus of the research study as well as further information about how to get involved.

Please be assured that anything you say would be totally confidential and any notes made during the interview would be destroyed once the study is complete. The interview will be no longer than 45 minutes at on A report will be written of the findings and will be anonymised so that you cannot be identified or singled out.

If you feel that you would like to take part in the interview, please send an email to [e-mail address redacted]. If you would prefer not to be involved, please destroy/ignore this letter. If you decide not to be involved, I would like to assure you that you will not be affected in any way.

Yours sincerely,

Opeyemi Odejimi

C. Students copy

Dear

You have been invited to participate in a research project, which I am conducting as part of a PhD programme at the University of Wolverhampton. Attached is an information sheet which explains the nature and the focus of the research study as well as further information about how to get involved.

Please be assured that anything you say would be totally confidential and any notes made during the interview would be destroyed once the study is completed. The interview will be no longer than 60 minutes at on Light refreshments will be provided on the day. A report will be written of the findings and will be anonymised so that you cannot be identified or singled out.

If you feel that you would like to take part in the interview, please send an email to [e-mail address redacted]. If you would prefer not to be involved, please destroy/ignore this letter. You are free to choose not to participate. Your decision will be entirely confidential and your studies would not be affected in any way.

Yours sincerely,

Opeyemi Odejimi

APPENDIX 5: Participant Information Sheet



A. Service user copy

An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education

Invitation paragraph

You are being invited to take part in a research project carried out by **Opeyemi Odejimi** a PhD student at the University of Wolverhampton. Before you decide if it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, and relatives. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

Thank you for reading this.

What is the purpose of the study?

The increasing need to deliver a patient-centred service in the United Kingdom has generated a need to actively engage service users and carers not only in the designing and delivering of health services but also in the training and education of health and social care professionals.

Several studies published have indicated that service users and carers involvement in health and social care services as well as health professionals' education is very beneficial to the services users/carers, students, academic staff and statutory bodies. However, studies on evaluation of the effectiveness and the outcomes of service user involvement in health and social care students' education and learning are limited.

This PhD would afford me the opportunity to evaluate the impact of service user involvement in Adult Nursing and Social Work pre-registration programmes using a tripartite perspective of the main stakeholders in Higher Education.

Why have I been chosen?

The researcher has chosen you because you are a member of the SUCCESS team with more than 12 months' experience of volunteering in one or more educational activities at the University of Wolverhampton.

Do I have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

If you decide not to be involved, I would like to assure you that your engagement in the SUCCESS group will not be affected in any way.

What will happen to me if I take part?

The research will be an interview. Each interview will last for 45 to 60 minutes and it will be held in a private room within the University of Wolverhampton.

You will be asked questions about the possible impact of service users' involvement to you as a student and ways to improve the beneficial effect of active service users' involvement.

You are not required to write anything during the discussion.

We would expect you to arrive on time and if possible, stay for the duration if personal circumstances permit you to do so.

What do I have to do?

You are required to participate and contribute by sharing information relevant to you and your experiences on how effective service user engagement has been to you as a service user.

What are the possible benefits and risk of taking part?

There are no direct benefits to you as a participant for taking part. However, the results from this project would help add to the body of literature on how improve service user engagement in health and social care students' education

Will my taking part in the study be kept confidential?

Yes. All information about your participation in this study will be kept confidential. Any information shared on the day will be used for the research project and will not be passed onto a third party

The transcription of the interview you took part will be stored on a password protected computer in a locked office. All names will be changed so that you cannot be identified or singled out. Only the researcher working on this research will have access to the information.

What will happen to the results of the research study?

It is anticipated these findings may form part of a research report. Any published result of the study would not contain any personal information of the participants.

Who has reviewed the study?

The Research Ethics Committee of the Faculty of Education, Health and Wellbeing assess studies at the University of Wolverhampton. The research will be supervised through the Faculty of Education, Health, and Wellbeing under the supervision of Professor Linda Lang and Professor Laura Serrant.

Contact for further information

If you have any further question regarding the research project, then you can contact the researcher or the supervisors on the details mentioned below. Thank you for reading the information and participating in the research project.

Additional information:

You will be given a consent form to sign on the day of the interview.

For further information, Contact:

Opeyemi Odejimi: [e-mail address redacted]

Professor Linda Lang: [e-mail address redacted]

Professor Laura Serrant: [e-mail address redacted]

B. Academic staff copy

An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education

Invitation paragraph

You are being invited to take part in a research project carried out by **Opeyemi Odejimi** a PhD student at the University of Wolverhampton. Before you decide if it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, and relatives. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

Thank you for reading this.

What is the purpose of the study?

The increasing need to deliver a patient-centred service in the United Kingdom has generated a need to actively engage service users and carers not only in the designing and delivering of health services but also in the training and education of health and social care professionals.

Several studies published have indicated that service users and carers involvement in health and social care services as well as health professionals' education is very beneficial to the services users/carers, students, academic staff and statutory bodies. However, studies on evaluation of the effectiveness and the outcomes of service user involvement in health and social care students' education and learning are limited.

This PhD would afford me the opportunity to evaluate the impact of service user involvement in Adult Nursing and Social Work pre-registration programmes using a tripartite perspective of the main stakeholders in Higher Education.

Why have I been chosen?

The researcher has chosen you because you are an academic staff within the University of Wolverhampton and have engaged service users in teaching and/or other classroom based activities within the University.

Do I have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?

The research will be an interview which will last for 45 to 60 minutes and it will be held within the University of Wolverhampton.

You will be asked questions about the possible impact of service users' involvement to you as a student and ways to improve the beneficial effect of active service users' involvement.

You are not required to write anything during the interview.

We would expect you to arrive on time and if possible, stay for the duration if personal circumstances permit you to do so.

What are the possible benefits and risk of taking part?

There are no direct benefits to you as a participant for taking part. However, the results from this project would help add to the body of literature on how improve service user engagement in health and social care students' education

Will my taking part in the study be kept confidential?

Yes. All information about your participation in this study will be kept confidential. Any information shared on the day will be used for the research project and will not be passed onto a third party

The transcription of the interview you took part will be stored on a password protected computer in a locked office. All names will be changed so that you cannot be identified or singled out. Only the researcher working on this research will have access to the information.

What will happen to the results of the research study?

It is anticipated these findings may form part of a research report. Any publish result of the study would not contain any personal information of the participants.

Who has reviewed the study?

The Research Ethics Committee of the Faculty of Education, Health and Wellbeing assess studies at the University of Wolverhampton. The research will be supervised through the Faculty of Education, Health, and Wellbeing under the supervision of Professor Linda Lang and Professor Laura Serrant.

Contact for further information

If you have any further question regarding the research project, then you can contact the researcher or the supervisors on the details mentioned below. Thank you for reading the information and participating in the research project.

Additional information:

You will be given a consent form to sign on the day of the interview.

For further information, Contact:

Opeyemi Odejimi: [e-mail address redacted]

Professor Linda Lang: [e-mail address redacted]

Professor Laura Serrant: [e-mail address redacted]

C. Students copy

An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education

Invitation paragraph

You are being invited to take part in a research project carried out by **Opeyemi Odejimi** a PhD student at the University of Wolverhampton. Before you decide if it is important for you to understand why the project is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends, and relatives. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

Thank you for reading this.

What is the purpose of the study?

The increasing need to deliver a patient-centred service in the United Kingdom has generated a need to actively engage service users and carers not only in the designing and delivering of health services but also in the training and education of health and social care professionals.

Several studies published have indicated that service users and carers involvement in health and social care services as well as health professionals' education is very beneficial to the services users/carers, students, academic staff and statutory bodies. However, studies on evaluation of the effectiveness and the outcomes of service user involvement in health and social care students' education and learning are limited.

This PhD would afford me the opportunity to evaluate the impact of service user involvement in Adult Nursing and Social Work pre-registration programmes using a tripartite perspective of the main stakeholders in Higher Education.

Why have I been chosen?

The researcher has chosen you because you are currently a final Adult Nursing or Social Work student from the Faculty of Education, Health, and Wellbeing.

Do I have to take part?

It is up to you to decide whether to take part or not. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

If you decide not to be involved, I would like to assure you that your studies will not be affected in any way.

What will happen to me if I decide to take part?

The research will be an interview. Each interview will last for 45 to 60 minutes and it will be held in a private room within the University of Wolverhampton.

You will be asked questions about the possible impact of service users' involvement to you as a student and ways to improve the beneficial effect of active service users' involvement.

You are not required to write anything during the discussion.

We would expect you to arrive on time and if possible, stay for the duration if personal circumstances permit you to do so.

What are the possible benefits and risk of taking part?

There are no direct benefits to you as a participant for taking part. However, the results from this project would help add to the body of literature on how improve service user and carers involvement in health and social care students' education.

Will my taking part in the study be kept confidential?

Yes. All information about your participation in this study will be kept confidential. Any information shared on the day will be used for the research project and will not be passed onto a third party

The transcription of the interview you took part will be stored on a password protected computer in a locked office. All names will be anonymised so that you cannot be identified or singled out. Only the researcher working on this research will have access to the information.

What will happen to the results of the research study?

It is anticipated these findings may form part of a research report. Any published result of the study would not contain any personal information of the participants.

Who has reviewed the study?

The Research Ethics Committee of the Faculty of Education, Health and Wellbeing assess studies at the University of Wolverhampton. The research will be supervised through the Faculty of Education, Health, and Wellbeing under the supervision of Professor Linda Lang and Professor Laura Serrant.

Contact for further information

If you have any further question regarding the research project, then you can contact the researcher or the supervisors on the details mentioned below. Thank you for reading the information and participating in the research project.

Additional information:

You will be given a consent form to sign on the day of the interview.

For further information, Contact:

Opeyemi Odejimi: [e-mail address redacted]

Professor Linda Lang: [e-mail address redacted]

Professor Laura Serrant: [e-mail address redacted]

APPENDIX 6: General Consent Form and Right to Withdraw

An Exploratory, Descriptive Mixed Method Study of Active Service Users and Carers Involvement in Adult Nursing and Social Work Students' Pre-registration Education

Name of Researcher: **Opeyemi Odejimi**

Please initial boxes

I confirm that I have read and understand the information sheet dated 12th September 2013 for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason.

☐

I understand that my willingness or not to participate would not affect my studies or work within the university

☐

I agree to take part in the above study.

☐

I understand that the researcher may wish to publish this study and any results found, for which I give my permission

☐

I agree for this to be tape recorded and for the data to be used for the purpose of this study.

☐

.....

Name

.....

Date

.....

Signature

Opeyemi Odejimi

.....

.....

Researcher

Date

Signature

APPENDIX 7: Access Letter

A. Copy to the Dean of Faculty of Education, Health and Wellbeing

Opeyemi Odejimi
Centre for Health and Social Care Improvement
Faculty of Education, Health and Wellbeing
ML Building, Room MLb020
University of Wolverhampton
Wolverhampton
WV1 1DT

The Dean
Faculty of Education, Health, and Wellbeing
University of Wolverhampton

Dear Ma/Sir,

Request for permission to access service users, staff, and students

As part of my PhD programme at the University of Wolverhampton, I am proposing to conduct a research project on “An exploratory, descriptive mixed method study of active service users and carers involvement in adult nursing and social work students’ pre-registration education”.

The benefits of this research would be to add to evidence base in the research community by investigating impact of Service user engagement to learners, service-users as well as inform statutory bodies on the impact of service user involvement. Also, the recommendations from this study can be beneficial in planning targeted interventions in higher education.

I am therefore writing to seek your permission to conduct this study in the Faculty of Education, Health, and Wellbeing. Enclosed is a copy of the research proposal for your information.

I look forward to hearing from you.

Yours Sincerely

Opeyemi Odejimi

B. Copy to the Co-ordinator of SUCCESS group

Opeyemi Odejimi
Centre for Health and Social Care Improvement
Faculty of Education, Health and Wellbeing
ML Building, Room MLb020
University of Wolverhampton
Wolverhampton
WV1 1DT

The Co-ordinator
SUCCESS group,
University of Wolverhampton

Dear Ma/Sir,

Request for permission to access service users and carers of SUCCESS group

As part of my PhD programme at the University of Wolverhampton, I am proposing to conduct a research project on “An exploratory, descriptive mixed method study of active service users and carers involvement in adult nursing and social work students’ pre-registration education”.

The benefits of this research would be to add to evidence base in the research community by investigating impact of Service user engagement to learners, service-users as well as inform statutory bodies on the impact of service user involvement. Also, the recommendations from this study can be beneficial in planning targeted interventions in higher education.

I am therefore writing to seek your permission to conduct this study with the service users and carers of the SUCCESS group. Enclosed is a copy of the research proposal for your information.

I look forward to hearing from you.

Yours Sincerely

Opeyemi Odejimi

C. Copy to the Co-ordinator of Advisory group

Opeyemi Odejimi
Centre for Health and Social Care Improvement
Faculty of Education, Health and Wellbeing
ML Building, Room MLb020
University of Wolverhampton
Wolverhampton
WV1 1DT

The Co-ordinator
Patient Engagement Forum
Hospital X
Town X

Dear Ma/Sir,

Request for permission to access members of the patient engagement forum

As part of my PhD programme at the University of Wolverhampton, I am writing to seek your permission to involve members of the Patient Engagement Forum group of Hospital X as an advisory group for my study. The role of the advisory group is to provide their opinions as service users in certain aspect of the research process such as the research materials, pilot study findings and data analysis. I am hoping to work collaboratively with the advisory group members and promote service users' voices in my research.

The title of my research project is "An exploratory, descriptive mixed method study of active service users and carers involvement in adult nursing and social work students' pre-registration education".

The benefits of this research would be to add to evidence base in the research community by investigating impact of Service user and carers' involvement to students' education, service-users as well as to inform statutory bodies on the

impact of service users and carers' involvement. Also, the recommendations from this study can be beneficial in planning targeted interventions in higher education.

Enclosed is a copy of the research proposal for your information.

I look forward to hearing from you.

Yours Sincerely

Opeyemi Odejimi

APPENDIX 8: Approval Letter from the Dean of Faculty of Education, Health and Wellbeing.



Professor Linda Lang
Dean of the Faculty of Education Health and Wellbeing

Mary Seacole Building
Narvey Street
City Campus North
Wolverhampton WV1 1AD
United Kingdom

Telephone Codes
UK: 01902 Abroad: +44 1902

Switchboard: 321600
Fax: 518660

Internet: www.wlv.ac.uk/shaw

Ref: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]

Ref: LL/cf
Date: 4 July 2014

Opeyemi Odejimi
CHSCI
ML Building
City Campus

Dear Opeyemi

**Title: EXPLORING SERVICE-USER INVOLVEMENT ON HEALTH AND SOCIAL
CARE STUDENTS' KNOWLEDGE, SKILLS, ATTITUDE AND PRACTICE**

Subject to Ethical Approval from our Ethics Committee, I confirm that, as Dean of this Faculty, I give permission for you to approach students, staff and service users within the Faculty of Education Health and Wellbeing so that you may conduct your research project.

I look forward to receiving information about the outcome of your research.

Yours sincerely

Professor Linda Lang
Dean of the Faculty of Education Health and Wellbeing

**APPENDIX 9: Ethical Approval Letter from the Research
committee at the Faculty of Education, Health and Wellbeing**



Date 15th July 2014

Opeyemi Odejimi
Room MLB02
ML Building,
Deanery Row
Off Molineux Street
Wolverhampton
WV1 1DT

Dear Opeyemi

**Re: EXPLORING SERVICE-USERS AND CARERS' INVOLVEMENT ON
HEALTH AND SOCIAL CARE STUDENTS' KNOWLEDGE, SKILLS,
ATTITUDES AND PRACTICE.**

**Submitted to the Faculty of Education, Health and Wellbeing Ethics Sub-
Committee Board (Health Professions, Psychology & Social Care)**

The Faculty Ethics Sub-Committee (Health Professions, Psychology & Social Care) met on 14th July 2014. Your project was considered and reviewed at this meeting.

On review your Research Proposal was passed and given full approval (**Code 1 - Pass**). You are free to continue with your study. We would like to wish you every success with the project.

Yours sincerely

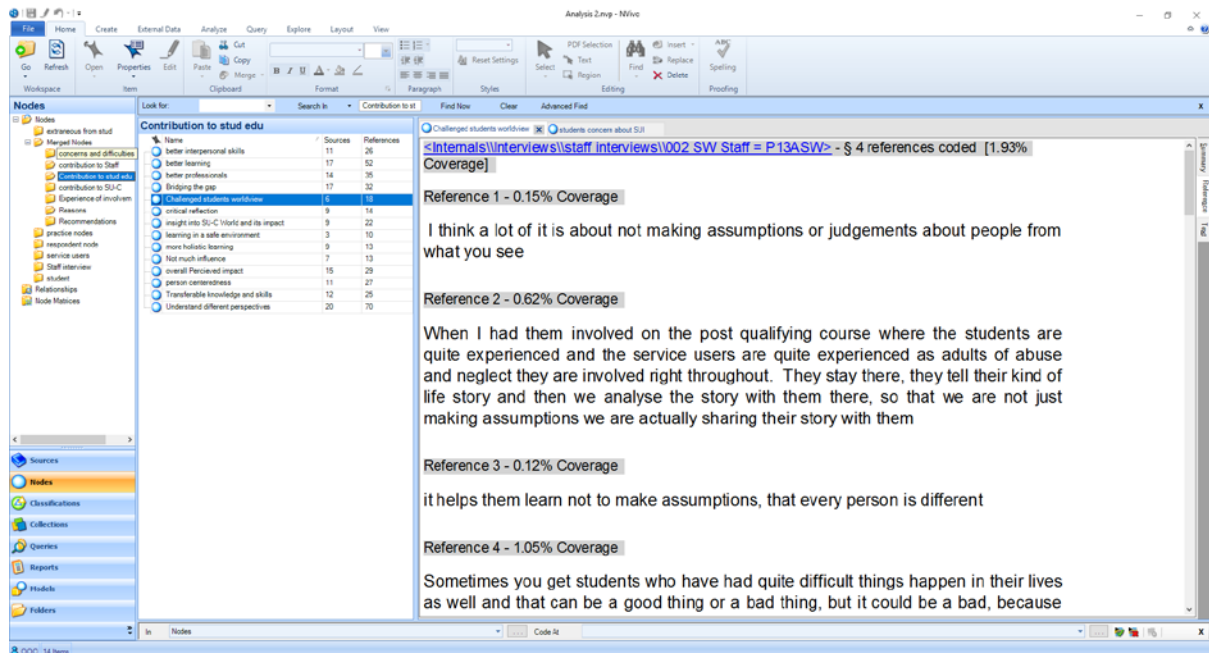
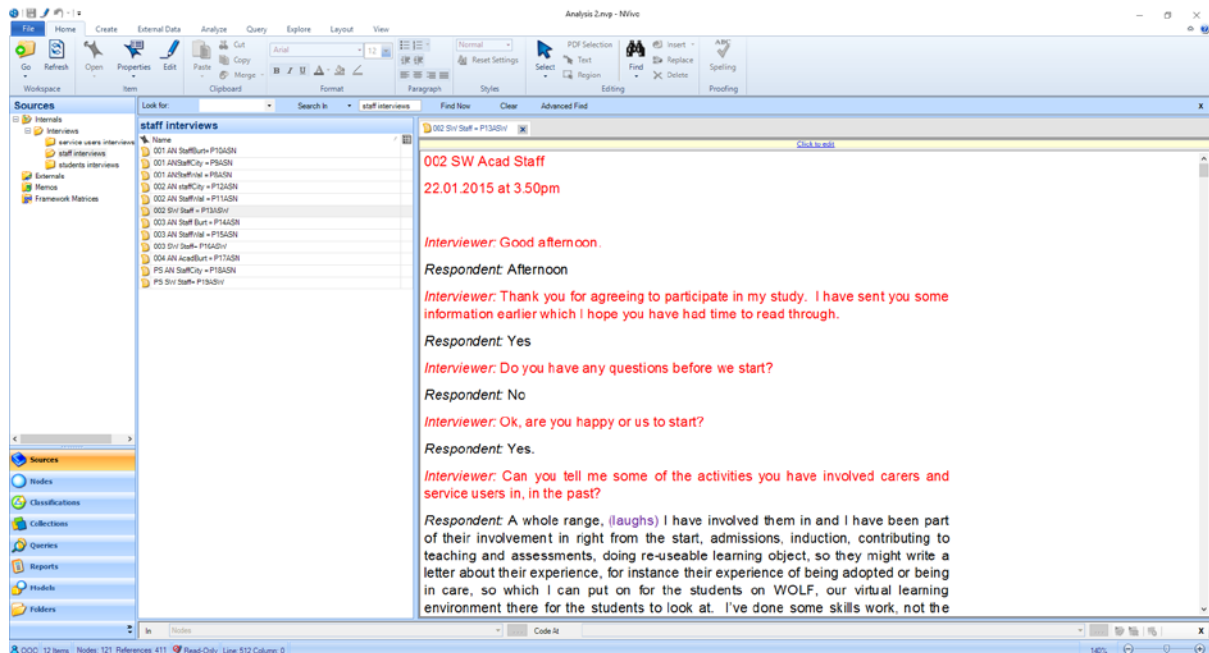
H Paniagua

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM
Chair – School Ethics Committee

D Chadwick

Dr. D. Chadwick PhD, MSc, BA (Hons). PGCE
Chair – School Ethics Committee

APPENDIX 10: NVIVO v10 Screen Shots



APPENDIX 11: Theme Clusters and Emergent Themes

THEME 1: EXTENT OF SUCI

1. Overview of Educational activities with SUCI

- Educational activities with SUCI
- Input of service users and carers in educational activities
- Spread of SUCI
- Numbers of encounters

2. Experience of involvement

- Perceptions of experiences
- Reasons for perception
- Scepticism and resistance
- Relationships between staff and service users

3. Motivating and inhibitory factor

- SUCI as a regulatory requirement
- Seeing beneficial outcomes
- Past experiences of volunteering
- Altruistic nature of service users
- Staff time
- Institution and its leadership

THEME 2: BENEFICIAL OUTCOMES TO PARTICIPANTS

A. Beneficial outcomes for students

4. Influence on students learning

✓ SUCI ability to make students learning rounded	<ul style="list-style-type: none"> - Students think broadly - Merge theory and practical - Listen and understand the perspectives of service users - Insight into service users and carers world
✓ SUCI ability to create a safe learning environment	
✓ Limited or no benefit	<ul style="list-style-type: none"> - Number of encounter - Encounter not matching course/training - Already trained - Service users and carers training and skills

5. Influence of SUCI on students' skills, attitude, behaviour and practices

- Transferable knowledge and skills
- Better interpersonal skills
- Critical reflection
- Challenge students' worldview
- Person-centeredness

B. Beneficial outcomes for service users

6. Improve health and wellbeing

- Provide relaxing environment
- Role therapeutic
- Prevent stagnation
- Social network

7. Insight into professionals' world

- Knowledgeable about challenges
- Service users and carers considerate
- Power imbalance
- See advancement in the profession
- More equal level

C. Beneficial outcomes for academic staff

8. Influence on staff role

- Complement staff role
- Keep knowledge updated
- Improves teaching style

9. Influence on staff, skills, attitudes and behaviour

- Good interpersonal skills
- Person centeredness
- Critical reflection
- Changed perception

THEME 3: PARTICIPANTS CONCERNS

10. Service users' welfare

- Payment issues
- Access to buildings
- Lack of privileges
- Support during task

11. Concerns during role

- Disagreement during role
- Going off a tangent
- Axe to grind
- Inadequate preparation
- Staff time
- Relationship with service users

12. Non-representativeness

- No diversity
- Implication of inadequate diversity.

THEME 4: PARTICIPANTS RECOMMENDATION

13. A need for more

- More carers needed
- Addresses inadequate diversity
- Non-contact measures
- Year of encounter
- Meet Increasing demand

14. Evaluation and Evidence

- Showcase beneficial outcomes
- Erase uncertainty about being positive
- Change mind-set
- Opinion of service users and carers

- Challenges of evaluation
- Present evaluation practices
- Information not communicated

15. Better resources

- More funds
- Administrative support
- Time allocation for staff
- Training of service users and carers
- Staff induction

16. Building more healthy relationship

- Communication barrier
- Dedicated session
- Better communication amongst staff
- Need for staff time
- Need for cultural embracement

THEME 5: CONFIDENCE OF STAFF

17. Level of confidence

- Perception of impact
- Influential factors on confidence

THEME 6: SUCI AND TEACHING PRACTICE

18. Influence of SUCI on teaching practice

- Perception on teaching practice

- Notable changes
- Causes of changes

THEME 7: DEMAND FOR SUCI

19. More or Less

- Quantity demanded
- When needed
- Area needed
- Reason for quantity

APPENDIX 12: Screen Shots of Search History from Databases

a. Ebscohost

Search History/Alerts

[Print Search History](#) | [Retrieve Searches](#) | [Retrieve Alerts](#) | [Save Searches / Alerts](#)

☐ Select / deselect all

	Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/>	S61	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND adult nursing NOT mental health nursing NOT research	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S60	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND adult nursing NOT mental health nursing NOT research	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S59	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND nursing NOT mental health nursing NOT research	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S58	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND nursing NOT mental health NOT research	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S57	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND nursing NOT mental health	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S56	(service users or patients or clients) AND (involvement or participation or engagement) AND education AND nursing	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S55	(service users or patients or clients) AND (involvement or participation or engagement) AND education	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S54	(service users or patients or clients) AND (involvement or participation or engagement)	Search modes - Boolean/Phrase	Rerun View Details Edit
<input type="checkbox"/>	S53	service users AND involvemem	Search modes - Boolean/Phrase	Rerun View Details Edit

b. ScienceDirect

ScienceDirect Journals Books Register Sign in

Search all fields Author name Journal or book title Volume Issue Page Advanced search

Search results: 350 results found for service user involvement AND education AND Nursing AND NOT mental health nursing AND NOT research . [Save search alert](#) [RSS](#)

- ☐ Integrating Telehealth Into the Graduate Nursing Curriculum Original Research Article
The Journal for Nurse Practitioners, Volume 11, Issue 1, January 2015, Pages e1-e5
 Christie Ehle Erickson, Sally Fauchald, Maureen Ideker
[Abstract](#) [Research highlights](#) [PDF \(358 K\)](#)
- ☐ Involving a young person in the development of a digital resource in nurse education Original Research Article
Nurse Education in Practice, Volume 14, Issue 1, January 2014, Pages 49-54
 Gaynor Fenton
[Abstract](#) [PDF \(289 K\)](#)
- ☐ Investing in nursing and midwifery enterprise: Empowering women and strengthening health systems—A landscaping study of innovations in low- and middle-income countries Original Research Article
Nursing Outlook, Volume 64, Issue 1, January–February 2016, Pages 17-23
 Carleigh B. Krubiner, Maria Salmon, Christina Synowiec, Gina Lagomarsino
[Abstract](#) [PDF \(312 K\)](#)
- ☐ Patient and public involvement in the design of education for pharmacists: Is this an untapped resource? Original Research Article
Currents in Pharmacy Teaching and Learning, Volume 5, Issue 6, November–December 2013, Pages 632-636
 Lesley Grimes, Matthew Shaw, Christopher Cutts
[Abstract](#) [PDF \(197 K\)](#)

Refine filters

Year

- ☐ 2017 (12)
- ☐ 2016 (16)
- ☐ 2015 (24)
- ☐ 2014 (16)
- ☐ 2013 (17)

[View more >>](#)

Publication title

- ☐ AORN Journal (26)
- ☐ American Journal of Infection Control (8)
- ☐ Nurse Education Today (8)
- ☐ International Journal of Medical Informatics (7)
- ☐ The Joint Commission Journal on Quality and Pat... (7)

[View more >>](#)

Topic

APPENDIX 13: Examples of some of the reviewed papers on service users and carers' involvement

S / N	Author/ country of origin	Practice field	Aim of study	Study Design	Findings
Initial search					
1	Bradshaw (2008)- UK	National Health Service (NHS)- Health services	To identify current policies and debate that seeks to extend the role of health Service Users in England.	Not specified	Recent policies have aided service users' empowerment as a result of their involvement in health services. Although, recent policies is aimed at increasing service users involvement. However, it has led to many uncertainties about what involvement can achieve within the NHS.
2	Felton and Stickley (2004)- UK	Mental health Nursing	To explore academic staff perceptions about service	Qualitative approach.	Power inequalities currently exist, with service

			users involvement in pre-registration nurse education	Semi-structured interview of five academic staff.	users being disempowered . Power balance is needed by both service users and academic staff in order to feel empowered. This will help move involvement from being tokenistic to meaningful.
3 .	Staniszewska <i>et al.</i> , (2011b)-UK	Research-Health and social care	To argue for the need to collaboratively develop evidence base quantitative instrument with service users to measure the impact of involvement	Not specified	Currently, there are limited quantitative instruments available to measure the impact of SUCI. There is a need for a paradigm change to develop a robust quantitative instrument. This will complement existing qualitative evidence of the impact of SUCI

First screening					
4	Chambers and Hickey (2012)-UK	<p>Courses regulated By Health Professional Council (HPC)</p> <ul style="list-style-type: none"> - Diagnostic Radiography - Biomedical scientist - Psychologist - Occupational therapist - Physiotherapy - Prosthesis/orthosis - Speech and language therapist - Paramedics - Dietitians - Operating department - Therapeutic radiography - Art therapist - Music therapist 	To explore service users involvement in the design and delivery of pre-registration education and training programmes approved by the Health Professions Council (HPC).	Mixed method	Service users' involvement currently takes places in all courses included in this study. Involvement is highly beneficial but equally challenging putting extra demands on current infrastructure. There is a need to evaluate the impact of SUCI.
5	Morgan and Jones (2009)-UK	<ul style="list-style-type: none"> - Medicine - Dentistry - Speech and language therapy 	To identify - approaches used to involve service users in healthcare education curricula; perceptions of	A literature review	Students and service users both benefited from service user involvement in health care

		<ul style="list-style-type: none"> - Nursing - Occupational therapy - Radiography - Physiotherapy - Midwifery - Healthcare foundation degrees 	key stakeholders; impact of involvement on students' knowledge and skills, and the quality of care delivered		<p>programmes.</p> <p>There was limited evidence That involvement changed behaviour in practice or significantly benefited the recipient of care.</p> <p>Further consideration needs to be given to evaluation methodologies .</p>
6 .	Gutteridge and Dobbins (2010)- UK	Not specified	To identify the impact of service user and carer involvement on learning and teaching	Qualitative approach. Semi-structured interview of 20 members of staff in a Faculty of Health	Staff recognised that service users and carers involvement is an essential requirement in their learning activities. However, current challenges of involvement pose a barrier to successful

					<p>delivery of involvement in students' education.</p> <p>Strategic and operational solutions were proposed to overcome these current barriers.</p>
Included paper					
7	Webber and Robinson (2012)- UK	Social Work	To clearly define what constitute meaningful service users and involvement in post-qualifying social work education	<p>Qualitative study</p> <p>Twenty-nine participants - service users, carers, social workers, lecturers and managers took part in this study.</p> <p>Semi-structured interviews and focus</p>	<p>Meaningful service users and carers involvement has not been attained in post-qualifying social work education. There is a need to develop evaluative methodologies to evidence the impact of SUCI. This will help recognise how meaningful involvement is in social work education</p>

				group discussion was used as data collection method.	
8 .	Stevens and Tanner (2006)- UK	Social Work	To provide a reflection of the highlights and learning points of developing service users involvement in a social work degree	Not specified	Service user involvement provides invaluable teaching to students. Both the students and service users reported having a positive experience. However, there are some challenges with involvement and with the right support it will continually make a meaningful difference.
9 .	Scammell, Heaslip and Crowley (2015)- UK	Adult Nursing	To review published studies on service users involvement in general nursing (excluding mental health nursing) in	Systematic review- 11 papers met the eligibility criteria. Three studies	This review demonstrates that there are few studies about involvement in other fields of nursing when

			order to examine how students are exposed to engagement with service users.	carried out research in the Adult Nursing field. Amongst these, only one was specific to Adult Nursing and the other two were mixed nursing practices	compared to mental health nursing. Most of the available studies on involvement focus on perceptions of the value of involvement.
10.	Costello and Horne (2001)-UK	Adult Nursing	To evaluate the involvement of service users in classroom-based teaching within an adult nursing pre-registration programme	Evaluative study. 23 students participated in this study. Group discussion followed by a questionnaire was the data collection method used to elicit participants' views.	This study demonstrates that service users' involvement in classroom teaching is an effective teaching strategy for enhancing the teaching and learning experiences of students. Additionally, it is beneficial to the service users. However, there are a number of practical and ethical issues

					related to the practice of service users in classroom teaching.
--	--	--	--	--	---